PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | ONSLOW | Instrument Location ON54 | ow County | |
|----------------------------------|--|--|---|--|
| Instrumen | nt Serial No. <u>0088/9</u> | SHERIFF'S OFF | ice. | |
| The preve | | ne Intoximeters, Model Intox EC/IR II to | be followed at least once every | |
| . 1. | Verify the ethanol gas canis 34 degrees, plus or minus .2 | ster displays pressure, or the alcoholic bro 2 degree centigrade; | eath simulator thermometer shows | |
| 2. | Verify instrument displays | time and date; | • | |
| 3. | Initiate breath test sequence | ; | | |
| 4. | Enter information as promp | oted; | | |
| . 5. | Verify instrument accuracy | ·• } | | |
| 6. | When "PLEASE BLOW" | When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | | | |
| 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program | ; and | | |
| 10. | | canister is being changed before expiration changed every four months or after 125 A | | |
| I certify the procedure Departme | hat on the 18 day of 28 were performed on the instrument of Health and Human Services, a | t indicated above, in accordance with currend the instrument is functioning properly | forgoing preventive maintenance rent regulations of the N.C. | |
| CAREAT SE | TATE OF 10 A | iviely EHold | 354 | |
| | ; | Signature of Certifying Official | Certificate Number | |

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008819 Test Date: 07/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

| Test | g/210L | Time |
|--|--------------|-------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 | 11:16am 11:16am 11:17am |
| SUB TEST | .00 .00 | 11:18am 11:18am |
| AIR BLK | .00 | 11:19am |
| SUB TEST AIR BLK | .00 | 11:21am 11:22am |
| TTV DTV | . 00 | 11:22all |

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Ánalyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008819 Test Date: 07/18/2012

Test Record Number: 412
Test Time: 11:22am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:22am |
| FLO | Pass | 11:22am |
| FC | Pass | 11:23am |

Temperature Tests

| Test Status | Time |
|-------------|---------|
| FC1 Pass | 11:23am |
| SRC Pass | 11:23am |
| DET Pass | 11:23am |
| BAR Pass | 11:23am |
| BT Pass | 11:23am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:23am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:23am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:23am 11:23am |

Preventive Maintenance Status: Pass

Karly E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| // | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|---|
| County // | Instrument Location Haywood Co. Jail |
| Instrument S | erial No. 008714 Waynes ville, NC |
| | |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures v | on the 24 day of July , 20/2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| TATE OREAL SECTION AND SECTION | Daif R. Cuth 635 |
| | Signature of Certifying Official Certificate Number |

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 07/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG203103 Exp Date: 01/31/2014

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:45am |
| AIR BLK | .00 | 10:46am |
| ACCY CHK | .08 | 10:46am |
| AIR BLK | .00 | 10:47am |
| SUB TEST | .00 | 10:49am |
| AIR BLK | .00 | 10:50am |
| SUB TEST | .00 | 10:51am |

10:52am

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714

Test Record Number: 751

Test Date: 07/24/2012

Test Time: 10:54am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:54am |
| FLO | Pass | 10:54am |
| FC | Pass | 10:54am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:54am |
| SRC | Pass | 10:54am |
| DET | Pass | 10:54am |
| BAR | Pass | 10:54am |
| BT | Pass | 10:54am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:55am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:55am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:55am 10:55am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County // | aywood Instrument Location Haywood Co. Tail |
|--|---|
| Instrument S | erial No. 0087/2 Waynesville, NC |
| The prevention | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w | on the 24 day of Jaly , 20/2 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | De JR Cuth 635 |
| | Signature of Certifying Official Certificate Number |

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 07/24/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male* ver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG109703 Exp Date: 04/07/2013

| Test | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 | 10:44am 10:45am 10:45am 10:46am |
| SUB TEST | .00 | 10:47am |
| AIR BLK SUB TEST | .00 .00 | 10:48am 10:50am |
| AIR BLK | .00 | 10:51am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712

Test Record Number: 1223
Test Time: 10:52am EDT

Test Date: 07/24/2012

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:52am |
| FLO | Pass | 10:52am |
| FC | Pass | 10:52am |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 10:52am |
| SRC | Pass | 10:52am |
| DET | Pass | 10:52am |
| BAR | Pass | 10:52am |
| \mathtt{BT} | Pass | 10:52am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pass | 10.53am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:53am |
| | CRC Tests | |

| Test Status Time | e |
|------------------|--------------|
| | 53am 53am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | Vain 1 | Instrument Location Swain | Co. Jail |
|--|---|--|---|
| Instrument Seri | ial No. <u>008727</u> | Bryson City, A | /c |
| The preventive four months are | maintenance procedures for the Intoxi | meters, Model Intox EC/IR II to be fo | llowed at least once every |
| 1. | Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree | lays pressure, or the alcoholic breath s centigrade; | imulator thermometer shows |
| 2. | Verify instrument displays time and | date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | , |
| 6. | When "PLEASE BLOW" appears, | collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, | collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | | is being changed before expiration dat every four months or after 125 Alcoh | |
| I certify that on procedures were Department of I | the 23 day of 50 / e performed on the instrument indicate Health and Human Services, and the in | | ing preventive maintenance egulations of the N.C. |
| CONTROL STATE OF THE STATE OF T | | e of Certifying Official | Certificate Number |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 07/23/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

| Test | g/210L | Time |
|--|---------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .07 .00 | 10:47am 10:48am 10:48am 10:49am 10:50am |
| AIR BLK | .00 | 10:51am |
| SUB TEST | .00 | 10:52am |
| AIR BLK | .00 | 10:53am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 07/23/2012 Test Record Number: 669
Test Time: 10:56am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:56am |
| FLO | Pass | 10:56am |
| FC | Pass | 10:57am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:57am |
| SRC | Pass | 10:57am |
| DET | Pass | 10:57am |
| BAR | Pass | 10:57am |
| BT | Pass | 10:57am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:57am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:57am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:57am 10:57am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_So | rgin Instrument Location Sugin Co. Jail |
|--|--|
| Instrument Ser | ial No. 008723 Bryson City, NE |
| | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. , | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | n the 23 day of 30/y, 20/2 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| STATE OF THE STATE | |

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 07/23/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:46am |
| AIR BLK | .00 | 10:47am |
| ACCY CHK | .07 | 10:47am |
| AIR BLK | .00 | 10:48am |
| SUB TEST | .00 | 10:49am |
| AIR BLK | .00 | 10:49am |
| SUB TEST | .00 | 10:51am |
| AIR BLK | .00 | 10:52am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dail R. Cuth

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 07/23/2012

Test Record Number: 423
Test Time: 10:53am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:53am |
| FLO | Pass | 10:53am |
| FC | Pass | 10:53am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:53am |
| SRC | Pass | 10:53am |
| DET | Pass | 10:53am |
| BAR | Pass | 10:53am |
| BT | Pass | 10:53am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:54am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:54am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:54am |

Preventive Maintenance Status: Pass

Pass

10:54am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| Cou | inty Ma | icon Instrument Location Macon Co. Magis Trat |
|---------------|--|---|
| Inst | rument Seri | ial No. 008795 Hishlands, NC |
| | preventive months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| | 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| | 2. | Verify instrument displays time and date; |
| | 3. | Initiate breath test sequence; |
| | 4. | Enter information as prompted; |
| | 5. | Verify instrument accuracy; |
| | 6. | When "PLEASE BLOW" appears, collect breath sample; |
| | 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 5 | 8. | Print test record; |
| | 9. | Verify Diagnostic Program; and |
| | 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| proc | | theday of, 20_/2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| CARE GREAT SE | O' THE STATE OF TH | Dail R. Cuth 635 |
| | | Signature of Certifying Official Certificate Number |

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 07/17/2012

Citation Number: M0000000-0.

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Numbér: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass . | 1:13pm 1:14pm |
| ACCY CHK | .07 | 1:15pm |
| AIR BLK | | 1:15pm |
| SUB TEST | .00 | 1:16pm |
| AIR BLK | .00 | 1:17pm |
| SUB TEST | .00 | 1:18pm |
| 7 TD DT.17 | 00 | 1 • 1 9 mm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Engles Cuth

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 07/17/2012

Test Record Number: 237
Test Time: 1:25pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:25pm 1:25pm |
| FC | Pass | 1:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:25pm |
| SRC | Pass | 1:25pm |
| DET | Pass | 1:25pm |
| BAR | Pass | 1:25pm |
| BT | Pass | 1:25pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:26pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:26pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:26pm |

Preventive Maintenance Status: Pass

Pass

CAL

1:26pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Ch | ial No. <u>008711</u> Murphy, NC |
|--|--|
| Instrument Ser | ial No. 008711 Murphy, NC |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that o procedures we Department of | n the |
| STATE OF THE STATE | Signature of Certifying Official Certificate Number |

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 07/12/2012

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

| Test | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 | 11:47am 11:48am 11:48am 11:49am |
| SUB TEST | .00 | 11:50am |
| AIR BLK | .00 | 11:51am |
| SUB TEST | .00 | 11:52am |
| AIR BLK | .00 | 11:53am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Suff R. Cuth

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 526
Test Date: 07/12/2012 Test Time: 11:55am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:55am 11:55am |
| FC | Pass | 11:55am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:55am |
| SRC | Pass | 11:55am |
| DET | Pass | 11:55am |
| BAR | Pass | 11:55am |
| BT | Pass | 11:55am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:56am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:56am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:56am 11:56am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | / / / / / / / / / / / / / / / / / / / |
|--|--|
| County | herokee Instrument Location Cherokee Co. Juil |
| Instrument Se | erial No. <u>CO8622</u> Mnrphy, NC |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | on the |
| STATE STATE OVER THE STATE OF T | SECANOLIS CONTRACTOR OF THE PROPERTY OF THE PR |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 07/12/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 11:46am 11:46am 11:47am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:49am |
| AIR BLK | .00 | 11:50am |
| SUB TEST | .00 | 11:51am |
| AIR BLK | .00 | 11:52am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Date: 07/12/2012 Test Record Number: 763
Test Time: 11:55am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:55am |
| FLO | Pass | 11:55am |
| FC | Pass | 11:55am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| | | 7 × |
| FC1 | Pass | 11:55am |
| SRC | Pass | 11:55am |
| DET | Pass | 11:55am |
| BAR | Pass | 11:55am |
| BT | Pass | 11:55am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:56am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:56am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:56am |

Preventive Maintenance Status: Pass

Pass

11:56am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | Vilkes Co. Courthous | sē. |
|--|---|-------------------|
| Instrument S | erial No. 008843 W. 1 Kesboro, N.C. | |
| | | |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are: | у |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade; |)W: |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. | is, |
| procedures w | on the 35 day of , 20 13 the forgoing preventive maintenance or performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. | ce |
| THE STATE OF THE S | Stein Dear 642 | 一個一個學學是一個一個學學一個學學 |

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 07/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test | g/210L | Time |
|--|----------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 | 1:27pm 1:28pm 1:28pm 1:29pm 1:30pm 1:31pm |
| SUB TEST | .00 | 1:32pm |
| AIR BLK | .00 | 1:33pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Sein Loon
Analyst

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843

Test Record Number: 1126

Test Date: 07/25/2012

Test Time: 1:33pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:34pm 1:34pm |
| FC | Pass | 1:34pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--------------------------------------|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 1:34pm 1:34pm 1:34pm 1:34pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|----------|
| ATR | Pass | 1 • 35pm |

Printer Tests

| Test | Status | Time |
|------|-----------|----------|
| PRNT | Pass | 1:35pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1 · 35pm |

1:35pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Serial No. 008944 Instrument Location Yadkin Co. JA; 1 |
|-------------|--|
| The preve | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | at on the |
| STATE STATE | ATE or NO. |

Signature of Certifying Official

Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 07/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:50am |
| AIR BLK | .00 | 11:51am |
| ACCY CHK | .08 | 11:51am |
| AIR BLK | .00 | 11:52am |
| SUB TEST | .00 | 11:53am |
| AIR BLK | .00 | 11:54am |
| SUB TEST | .00 | 11:55am |
| ATR BLK | . 00 | 11:56am |

Reported AC: .00 g/210L

Signature of/Chemical Analyst

Court CVR

Analyst Search

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Record Number: 799

Test Date: 07/25/2012

Test Time: 11:57am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:57am |
| FLO | Pass | 11:57am |
| FC | Pass | 11:57am |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:57am |
| SRC | Pass | 11:57am |
| DET | Pass | 11:57am |
| BAR | Pass | 11:57am |
| \mathtt{BT} | Pass | 11:57am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| λΤD | Dagg | 11.50am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:58am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:58am |
| CAL | Pass | 11:58am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County | adkin Instrument Location YAdkin Ville Police |
| Instrument Se | rial No. 008925 Instrument Location YACKINVILLE FOLICE |
| | |
| The preventive four months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | n the |
| THE STATE OF THE S | Atania Day |
| | Signature of Certifying Official Certificate Number |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 07/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective: 06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| [est | g/210L Ti | .me |
|--|----------------------------|-------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | .00 11 .08 11 | :04am :05am :05am |
| SUB TEST | .00 11 | :07am |
| AIR BLK | .00 11 | :08am |
| SUB TEST | .00 11 | :09am |
| AIR BLK | .00 11 | :11am |
| SUB TEST AIR BLK SUB TEST | .00 11 .00 11 .00 11 | .:07a :08a :09a |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925

Test Record Number: 296

Test Date: 07/25/2012

Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:12am |
| FLO | Pass | 11:12am |
| FC | Pass | 11:12am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:12am |
| SRC | Pass | 11:12am |
| DET | Pass | 11:12am |
| BAR | Pass | 11:12am |
| BT | Pass | 11:12am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:13am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:13am |

CRC Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| COMP CAL | Pass Pass | 11:13am 11:13am |
| CAL | rass | TT:TOdii |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Tokes Instrument Location Stokes Co. JA! |
|--|--|
| Instrument Se | erial No. 008596 DANGURY, N.C. |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department o | on the O day of 20/2 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| STATE OF THE STATE | CAROL CONTRACTOR OF THE PARTY O |

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 07/26/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2011-06/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:08pm |
| AIR BLK | .00 | 2:09pm |
| ACCY CHK | .08 | 2:09pm |
| AIR BLK | .00 | 2:10pm |
| SUB TEST | .00 | 2:11pm |
| AIR BLK | .00 | 2:12pm |
| SUB TEST | .00 | 2:13pm |
| AIR BLK | .00 | 2:14pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 554

Test Date: 07/26/2012

Test Time: 2:15pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:16pm 2:16pm |
| FC | Pass | 2:16pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 2:16pm 2:16pm 2:16pm 2:16pm 2:16pm |
| <u> </u> | 1 455 | 2.202 |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:17pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 2:17pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 2:17pm 2:17pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | STOKES Instrument Location King Police |
|--|--|
| Instrument S | |
| The prevention four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w | on the 26 day of 10/4, 20/2 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| OF THE STATE OF TH | THE CARD |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

signature of Certifying Official

Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 07/26/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| Test | g/210L | Time |
|----------|--------|----------|
| DIAG | Pass | 3:56pm |
| AIR BLK | .00 | 3:56pm |
| ACCY CHK | .08 | 3:57pm |
| AIR BLK | .00 | 3:58pm |
| SUB TEST | .00 | 3:58pm |
| AIR BLK | .00 | 3:59pm |
| SUB TEST | .00 | 4:01pm |
| ATR RIK | O'D | 4 · 02pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Hundow Analyst

STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1141

Test Date: 07/26/2012

Test Time: 4:02pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:03pm |
| FLO | Pass | 4:03pm |
| FC | Pass | 4:03pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 4:03pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

AIR 4:04pm Pass

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:04pm |

PRNTPass

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:04pm |
| CAL | Pass | 4:04pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County AL | AMANCE Instrument Location ALAMANCE CO. JAIL |
|--|---|
| | al No. 008853 109 S. MAPLE ST. GRAHAM, NC |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | |
| | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures were | the 10 day of 500 day of 300 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| OF THE STATE OF A STAT | |
| | Signature of Certifying Official Certificate Number |

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 07/10/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG203102 Exp Date: 01/31/2014

| Test | g/210L | Time |
|----------|--------|-------------------|
| DIAG | Pass | 1:57pm |
| AIR BLK | .00 | 1:58pm |
| ACCY CHK | .08 | 1:59pm |
| AIR BLK | .00 | 2:00pm |
| SUB TEST | .00 | 2:01pm |
| AIR BLK | .00 | 2:02pm |
| SUB TEST | .00 | 2:03pm |
| AIR BUK | .00 | $2:04\mathrm{pm}$ |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Sua de So.

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853

Test Record Number: 927

Test Date: 07/10/2012

Test Time: 2:08pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:09pm |
| FLO | Pass | 2:09pm |
| FC | Pass | 2:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:09pm |
| SRC | Pass | 2:09pm |
| DET | Pass | 2:09pm |
| BAR | Pass | 2:09pm |
| BT | Pass | 2:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:09pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 2:09pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 2:10pm 2:10pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County A | LAMANCE Instrument Location ALAMANCE CO. JAIL |
|--|--|
| Instrument Se | erial No. 008913 109 S, MAPLE ST. GRAHAM, WC |
| The prevention four months a | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| _; 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the |
| THE STATE OF THE S | |

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 07/10/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124202 Exp Date: 08/30/2013

| Test | g/210L | Time |
|---------------------|------------|------------------|
| DIAG AIR BLK | Pass | 1:58pm 1:59pm |
| ACCY CHK AIR BLK | .07 .00 | 2:00pm 2:01pm |
| SUB TEST | .00 | 2:01pm |
| AIR BLK | .00 | 2:02pm |
| SUB TEST | .00 | 2:04pm |
| AIR BLK | .00 | 2:05pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913

Test Record Number: 1423

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:09pm |
| FLO | Pass | 2:09pm |
| FC | Pass | 2:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:09pm |
| SRC | Pass | 2:09pm |
| DET | Pass | 2:09pm |
| BAR | Pass | 2:09pm |
| BT | Pass | 2:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:10pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:10pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 2:10pm |

Pass

2:10pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| 4 | INTUATIVE LERS, WODEL INTO A EC/IR II |
|--|---|
| County AL | AMANCE Instrument Location BURLINGTON PD |
| Instrument Se | rial No.008812 267 W. FRONT ST. BURLINGTON, NC |
| The preventive four months a | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | on the 10 day of 504, 2012 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Jus D Smith 637 |

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 07/10/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:47pm |
| AIR BLK | .00 | 2:48pm |
| ACCY CHK | .07 | 2:49pm |
| AIR BLK | .00 | 2:49pm |
| SUB TEST | .00 | 2:50pm |
| AIR BLK | .00 | 2:51pm |
| SUB TEST | .00 | 2:52pm |
| ATR BLK | .00 | 2:53pm |

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Record Number: 1314

Test Date: 07/10/2012

Test Time: 2:59pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:59pm |
| FLO | Pass | 2:59pm |
| FC | Pass | 2:59pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:59pm |
| SRC | Pass | 2:59pm |
| DET | Pass | 2:59pm |
| BAR | Pass | 2:59pm |
| BT | Pass | 2:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

AIR Pass 3:00pm

Printer Tests

PRNT Pass 3:00pm

CRC Tests

Test Status Time

COMP Pass 3:00pm CAL Pass 3:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County A | LAMANCE Instrument Location BURLINGTON PD |
| Instrument Se | orial No. 008907 267 W. FRONT ST. BURLINGTON, NC |
| · · · | |
| The preventive four months a | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | on the |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 07/10/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D Permit Number: 08937E Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:46pm |
| AIR BLK | .00 | 2:47pm |
| ACCY CHK | .08 | 2:48pm |
| AIR BLK | .00 | 2:49pm |
| SUB TEST | .00 | 2:50pm |
| AIR BLK | .00 | 2:50pm |
| SUB TEST | .00 | 2:52pm |
| ATR BLK | . 00 | 2:53pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907

Test Record Number: 482

System Check: Passed

Baseline Tests

| Test | Status | Time · |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:57pm 2:57pm |
| FC | Pass | 2:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:57pm |
| SRC | Pass | 2:57pm |
| DET | Pass | 2:57pm |
| BAR | Pass | 2:57pm |
| BT | Pass | 2:57pm |

Blank Tests

| Test | Status | Time |
|--------|--------|----------|
| 7. T D | Dagg | 2 · 58pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:58pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

| COMP | Pass | 2:58pm |
|------|------|--------|
| CAL | Pass | 2:58pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | GRANNE Instrument Location OXTORD P.D. |
|---------------|--|
| Instrumen | t Serial No. OS8923 JOY E. MCCIANATION ST. OXFORD, |
| The preve | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedure | nat on the |
| THE COLEAN SE | Signature of Certifying Official Certificate Number |

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 07/23/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG202602 Exp Date: 01/26/2014

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:23pm |
| AIR BLK | .00 | 12:24pm |
| ACCY CHK | .08 | 12:25pm |
| AIR BLK | .00 | 12:26pm |
| SUB TEST | .00 | 12:26pm |
| AIR BLK | .00 | 12:27pm |
| SUB TEST | .00 | 12:28pm |
| AIR BLK | .00 | 12:29pm |

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923

Test Record Number: 769

Test Date: 07/23/2012

Test Time: 12:30pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:31pm 12:31pm |
| FC | Pass | 12:31pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 12:31pm 12:31pm 12:31pm 12:31pm 12:31pm |
| 1)1 | I GDD | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:31pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:31pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:32pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | GUILFORD | Instrument Location BA | T MOBILE UNIT 3 |
|--|---|--|---|
| Instrument S | erial No. <u>008616</u> | GF | T MOBILE UNIT 3 REENSBORD, NC |
| The preventi | • | Intoximeters, Model Intox EC/IR II | to be followed at least once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 o | | breath simulator thermometer shows |
| 2. | Verify instrument displays tin | me and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompte | ed; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; a | and | • |
| 10. | Verify that the ethanol gas ca simulator solution is being ch whichever occurs first. | nister is being changed before expir nanged every four months or after 12 | ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests, |
| I certify that procedures v Department | vere performed on the instrument is | ndicated above, in accordance with a the instrument is functioning prope | current regulations of the N.C. |
| AMPRIO 150 LAND 150 L | | ay Barrels gnature of Certifying Official | Certificate Number |

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 07/27/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/19

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

| Test | g/210L | Time |
|---------------------|------------|--------------------|
| DIAG AIR BLK | Pass | 11:22pm 11:23pm |
| ACCY CHK AIR BLK | .07 .00 | 11:24pm 11:24pm |
| SUB TEST | .00 | 11:25pm |
| AIR BLK | .00 | 11:26pm |
| SUB TEST | .00 | 11:27pm |
| AIR BLK | .00 | 11:28pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clu Zay Bang Apalyst 2000年,1200年中,2011年1200日 (1985年) 1200年

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616

Test Record Number: 1442

and the second s

Test Date: 07/27/2012

Test Time: 11:29pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|-------------------------------|
| IR FLO | Pass Pass | 11:29pm 11:29pm 11:30pm |
| FC | Pass | TT:20bm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 11:30pm 11:30pm 11:30pm 11:30pm 11:30pm |
| | | _ |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:30pm |

Printer Tests

| Test | Status | Time |
|------|--------------|--------------------|
| PRNT | Pass | 11:30pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 11:30pm 11:30pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County G | UILFORD I | nstrument Location_ | BAT MO | BILE | UNIT 3 |
|--|--|-----------------------|--|-----------------------------|-----------------------------|
| Instrument Ser | ial No. <u>008707</u> | nstrument Location_ | GREEN | 5BORC | o,NC |
| The preventive four months are | maintenance procedures for the Intoxi | meters, Model Intox | EC/IR II to be fo | llowed at lo | east once every |
| 1. | Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree | | alcoholic breath s | imulator th | ermometer shows |
| 2. | Verify instrument displays time and | date; | | | |
| 3. | Initiate breath test sequence; | | | | |
| 4. | Enter information as prompted; | | | | |
| 5. | Verify instrument accuracy; | • | | | |
| 6. | When "PLEASE BLOW" appears, | collect breath sample | 2 ; | | |
| 7. | When "PLEASE BLOW" appears, | collect breath sample | ∌ ; | | |
| 8. | Print test record; | | | | |
| 9. | Verify Diagnostic Program; and | | | | |
| 10. | Verify that the ethanol gas canister simulator solution is being changed whichever occurs first. | | | | |
| procedures wer | the <u>27</u> day of <u>JUL</u> re performed on the instrument indicate Health and Human Services, and the in | d above, in accordar | the forgoince with current reing properly. | ing prevent egulations (| ive maintenance of the N.C. |
| STATE OF THE STATE | CAROLLIN CAR | 1 | | | |
| A COM AND | | Barnes | <u> </u> | | 48 |
| | Signature | of Certifying Office | al | Certific | ate Number |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 07/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 11:16pm 11:17pm |
| ACCY CHK | .08 | 11:17pm |
| AIR BLK | .00 | 11:18pm |
| SUB TEST | .00 | 11:19pm |
| AIR BLK | .00 | 11:20pm |
| SUB TEST | .00 | 11:21pm |
| ATR BLK | 0.0 | 11.22pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 1500 Test Date: 07/27/2012 Test Time: 11:27pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:27pm |
| FLO | Pass | 11:27pm |
| FC | Pass | 11:27pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:28pm |
| SRC | Pass | 11:28pm |
| DET | Pass | 11:28pm |
| BAR | Pass | 11:28pm |
| BT | Pass | 11:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:28pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:28pm |
| • | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:28pm 11:28pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTUXINIETERS, MODEL INTUX EC/IR II |
|---|--|
| County | GUILFORD Instrument Location BAT MOBILE UNIT |
| Instrument S | GUILFORD Instrument Location BAT MOBILE UNIT |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w Department of | on the |
| THE STATI OF THE S | Men Ray Banes Lo 48 Signature of Certifying Official Certificate Number |

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 07/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective: 10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:27pm |
| AIR BLK | .00 | 11:28pm |
| ACCY CHK | .07 | 11:29pm |
| AIR BLK | .00 | 11:30pm |
| SUB TEST | .00 | 11:30pm |
| AIR BLK | .00 | 11:31pm |
| SUB TEST | .00 | 11:33pm |
| AIR BLK | .00 | 11:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Test Record Number: 1434 Serial Number: 008647 Test Date: 07/27/2012

Test Time: 11:34pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:34pm 11:34pm |
| FC | Pass | 11:34pm |

Temperature Tests

| Test | Status | Time |
|-------------------|----------------------|-------------------------------|
| FC1 SRC DET | Pass Pass Pass | 11:35pm 11:35pm 11:35pm |
| BAR | Pass | 11:35pm |
| \mathtt{BT} | Pass | 11:35pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:35pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:35pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:35pm 11:35pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County TON | Klin Co-Youngsville Instrument Location Bot Mobile Unit & |
|--|--|
| Instrument Seria | 1No.008909 |
| The preventive r four months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the |
| THE STATE OF N. WAY 20, 1775 W. W. 20, 1775 W. 20, 1775 W. W. 20, 1775 W. 20, 177 | Onya B Stynes Certificate Number |

FRANKLIN COUNTY BATMOBILE UNIT 2 340

Serial Number: 008929 Test Date: 07/27/2012

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:05pm |
| AIR BLK | .00 | 11:06pm |
| ACCY CHK | .08 | 11:07pm |
| AIR BLK | .00 | 11:08pm |
| SUB TEST | .00 | 11:08pm |
| AIR BLK | .00 | 11:09pm |
| SUB TEST | .00 | 11:11pm |
| AIR BLK | .00 | 11:12pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skynny Analyst

FRANKLIN COUNTY BATMOBILE UNIT 2 340

Serial Number: 008929 Test Record Number: 530 Test Date: 07/27/2012 Test Time: 11:13pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:13pm |
| FLO | Pass | 11:13pm |
| FC | Pass | 11:14pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:14pm |
| SRC | Pass | 11:14pm |
| DET | Pass | 11:14pm |
| BAR | Pass | 11:14pm |
| BT | Pass | 11:14pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:14pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:14pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:15pm |

Preventive Maintenance Status: Pass

Pass

11:15pm

CAL

Onya B Skunn

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| CountyTA | nkin Co-Youngsville Instrument Location Bot Mobile Unit 2 |
|--|--|
| Instrument S | erial No. 00860 |
| The prevention four months | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w Department | on the day of da |
| CHE STATION OF THE CHEAT OF THE | |

FRANKLIN COUNTY BAT MOBILE UNIT 2 340

Serial Number: 008601 Test Date: 07/27/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

| Test | g/210L | Time |
|--|---------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .07 .00 | 11:08pm 11:09pm 11:10pm 11:11pm 11:12pm |
| AIR BLK | .00 | 11:12pm |
| SUB TEST | .00 | 11:14pm |
| AIR BLK | .00 | 11:15pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Obrya B Skinnin Analyst

FRANKLIN COUNTY BAT MOBILE UNIT 2 340

Serial Number: 008601 Test Record Number: 684
Test Date: 07/27/2012 Test Time: 11:19pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:20pm |
| FC. | Pass | 11:20pm 11:20pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:20pm |
| SRC | Pass | 11:20pm |
| DET | Pass | 11:20pm |
| BAR | Pass | 11:20pm |
| \mathtt{BT} | Pass | 11:20pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:21pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:21pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:21pm 11:21pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County A | MSON Instrument Location Bot Mobile Unit 2 |
|--|--|
| Instrument S | erial No. 008 60 |
| The preventi- | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ANSON COUNTY BAT MOBILE UNIT 2 030

Serial Number: 008601 Test Date: 07/20/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:34pm |
| AIR BLK | .00 | 8:35pm |
| ACCY CHK | .07 | 8:35pm |
| AIR BLK | .00 | 8:36pm |
| SUB TEST | .00 | 8:37pm |
| AIR BLK | .00 | 8:38pm |
| SUB TEST | .00 | 8:40pm |
| AIR BLK | .00 | 8:41pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skuren

ANSON COUNTY BAT MOBILE UNIT 2 030

Serial Number: 008601 Test Date: 07/20/2012

Test Record Number: 681 Test Time: 8:43pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:44pm |
| FLO | Pass | 8:44pm |
| FC | Pass | 8:44pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:44pm |
| SRC | Pass | 8:44pm |
| DET | Pass | 8:44pm |
| BAR | Pass | 8:44pm |
| BT | Pass | 8:44pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:45pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 8:45pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 8:45pm |

Pass

8:45pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Co | PISTUMENT LOCATION BAT MOSILEUM: + 6 |
|--|--|
| , <u> </u> | rial No. <u>008869</u> <u>5.0</u> . |
| The preventive four months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| negoduras u | on the \(\frac{2}{\sqrt{20}}\) day of \(\frac{1}{\sqrt{20}}\), \(\frac{20}{\sqrt{20}}\) the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STAIL OF THE S | |

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Record Number: 808
Test Date: 07/31/2012 Test Time: 6:33pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:33pm |
| FLO | Pass | 6:33pm |
| FC | Pass | 6:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:33pm |
| SRC | Pass | 6:33pm |
| DET | Pass | 6:33pm |
| BAR | Pass | 6:33pm |
| BT | Pass | 6:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:34pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 6:34pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 6:34pm 6:34pm |

Preventive Maintenance Status: Pass

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Date: 07/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|----------|--------|-------------------------|
| DIAG | Pass | 6:25pm |
| AIR BLK | .00 | 6:26pm |
| ACCY CHK | .07 | 6:27pm |
| SUB TEST | .00 | 6:28pm |
| AIR BLK | .00 | 6:29pm |
| SUB TEST | .00 | 6:29pm 6:31pm |
| ATR BLK | .00 | 6:32pm |
| | | D: 37.000 |

Reported AC: .00 A/210L

Signature of Chemical Analyst

Court CVR

K. C. Malyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| and the same | INTUATVIETERS, MODEL INTUA EC/IR II |
|---|--|
| | Heret Instrument Location BAT Mobile Uni |
| Instrument Ser | ial No. 008898 Emerald 75/c |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures we Department of | n the day of, 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| OF VAN 20, 1775 STATE OF VAN 20, 1775 AND 12, 1775 AND | Signature of Certifying Official Certificate Number |

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898

Test Record Number: 735

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:31pm |
| FLO | Pass | 8:31pm |
| FC | Pass | 8:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:31pm |
| SRC | Pass | 8:31pm |
| DET | Pass | 8:31pm |
| BAR | Pass | 8:31pm |
| BT | Pass | 8:31pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:31pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 8:32pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 8:32pm 8:32pm |

Preventive Maintenance Status: Pass

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 07/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201802 Exp Date: 01/18/2014

| Test | g/210L | Time |
|-----------------------------|---------------------------|--------------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 .00 | 8:22pm 8:23pm 8:23pm 8:24pm |
| AIR BLK SUB TEST | .00 | 8:25pm |
| AIR BLK | .00 | 8:26pm |
| SUB TEST | .00 | 8:28pm |
| AIR BLK | .00 | 8:29pm |

Reported AC: .09 g/210L

Signature of Chemical Analyst

Court CVR

Malyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | INTOXIMETERS, MODEL INTOX EC/IR II arteret Instrument Location ISAT MosileUnit |
|--|--|
| Instrument S | erial No. 008869 Emergle ISI-e |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on theday of, 20(|
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Record Number: 760

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:26pm |
| FLO | Pass | 8:26pm |
| FC | Pass | 8:27pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:27pm |
| SRC | Pass | 8:27pm |
| DET | Pass | 8:27pm |
| BAR | Pass | 8:27pm |
| BT | Pass | 8:27pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:27pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 8:27pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 8:28pm 8:28pm |

Preventive Maintenance Status: Pass

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 07/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 8:18pm 8:19pm 8:20pm |
| AIR BLK | .00 | 8:21pm |
| SUB TEST | .00 | 8:21pm |
| AIR BLK | .00 | 8:22pm |
| SUB TEST | .00 | 8:24pm |
| AIR BLK | .00 | 8:25pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

H. C. Mode

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | erial No. 008898 Wilmington |
|--|--|
| nisti dinent 3 | STATINO. OOO TO |
| The prevention four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on theday of, 20 /the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATE STATE OF THE | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898

Test Record Number: 739

Test Date: 07/06/2012

Test Time: 7:49pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:50pm |
| FLO | Pass | 7:50pm |
| FC | Pass | 7:50pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:50pm |
| SRC | Pass | 7:50pm |
| DET | Pass | 7:50pm |
| BAR | Pass | 7:50pm |
| BT | Pass | 7:50pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:51pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 7:51pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 7:51pm |

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 07/06/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201802 Exp Date: 01/18/2014

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 7:42pm 7:43pm 7:44pm |
| AIR BLK | .00 | 7:44pm |
| SUB TEST | .00 | 7:45pm |
| AIR BLK | .00 | 7:46pm |
| SUB TEST | .00 | 7:48pm |
| AIR BLK | .00 | 7:48pm |
| | | |

Reported AC: .00 g/2/0L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| $_{	ext{County}}$ \mathcal{N} | ial No. 008939 Wilmington |
|--|--|
| Instrument Ser | ial No. 008939 Wilmington |
| The preventive four months ar | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures we Department of | the day of day o |
| TO STATE OF THE ST | |

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 07/06/2012 Test Record Number: 775
Test Time: 7:55pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:56pm |
| FLO | Pass | 7:56pm |
| FC | Pass | 7:56pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 7:56pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:57pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 7:57pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 7:57pm 7:57pm |

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 07/06/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:45pm |
| AIR BLK | .00 | 7:46pm |
| ACCY CHK | .07 | 7:46pm |
| AIR BLK | .00 | 7:47pm |
| SUB TEST | .00 | 7:48pm |
| AIR BLK | .00 | 7:48pm |
| SUB TEST | .00 | 7:50pm |
| AIR BLK | .00 | 7:51pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| , | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County_/ | ew Handder Instrument Location BAT MEbile Uni |
| Instrument Ser | ial No. 008869 Wilmington |
| The preventive four months ar | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures we Department of | n theday of, 20 / the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| CREATE OF ANY STATE OF ANY STAT | |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 07/06/2012

Test Record Number: 764
Test Time: 7:50pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 7:50pm 7:50pm |
| FC | Pass | 7:50pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 7:51pm 7:51pm 7:51pm 7:51pm 7:51pm |
| | | _ |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:51pm |

Printer Tests

Status

Time

Test

| | .5 0 51 5 51,5 | 110 |
|------|----------------|--------|
| PRNT | Pass | 7:51pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 7:51pm |

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 07/06/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|--|--------------------|--------------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 | 7:43pm 7:44pm 7:45pm 7:46pm |
| SUB TEST | .00 | 7:46pm |
| AIR BLK SUB TEST | .00 .00 | 7:47pm 7:48pm |
| AIR BLK | .00 | 7:49pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| <i></i> |) INTOXIMETERS, MODEL INTOX EC/IR II |
|---|--|
| County | EAVEN Instrument Location BAT MObile Un. 4 |
| Instrument Se | erial No. 008869 Havelock |
| | |
| The preventive four months a | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, coilect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures we Department of | n the |
| O'NE STATE ON THE | |
| | Signature of Certifying Official Certificate Number |

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Date: 07/27/2012

Test Record Number: 794
Test Time: 8:54pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:54pm |
| FLO | Pass | 8:54pm |
| FC | Pass | 8:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:55pm |
| SRC | Pass | 8:55pm |
| DET | Pass | 8:55pm |
| BAR | Pass | 8:55pm |
| BT | Pass | 8:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:55pm |

Printer Tests

Status

Time

Test

| PRNT | Pass | 8:55pm |
|-------------|--------------|------------------|
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 8:55pm 8:55pm |

Preventive Maintenance Status: Pass

M. C. Malyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Date: 07/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 8:46pm 8:47pm |
| ACCY CHK | .08 | 8:48pm |
| AIR BLK | .00 | 8:49pm |
| SUB TEST | .00 | 8:50pm |
| AIR BLK | .00 | 8:51pm |
| SUB TEST | .00 | 8:52pm |
| AIR BLK | .00 | 8:53pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County C | INTOXIMETERS, MODEL INTOX EC/IR II Olumbus Instrument Location 317 Mobile Unit |
|--|--|
| Instrument Se | rial No. <u>068869</u> <u>5. 0.</u> |
| The preventiv | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | n the day of day |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008869

Test Record Number: 798

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:30pm |
| FLO | Pass | 10:30pm |
| FC | Pass | 10:30pm |

Temperature Tests

| Test | Status | Time |
|-------------------|----------------------|-------------------------------|
| FC1 SRC DET | Pass Pass Pass | 10:30pm 10:30pm 10:30pm |
| BAR | Pass | 10:30pm |
| \mathtt{BT} | Pass | 10:30pm |

Blank Tests

| Test | Status | Time | |
|------|--------|------|--|
| | | | |

AIR Pass 10:31pm

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:31pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:31pm |
| CAL | Pass | 10:31pm |

Preventive Maintenance Status: Pass

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008869 Test Date: 07/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| lest | g/210L | Time |
|--|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 | 10:21pm 10:22pm 10:23pm |
| SUB TEST | .00 .00 | 10:24pm 10:24pm |
| AIR BLK | .00 | 10:25pm |
| SUB TEST | .00 | 10:27pm |
| AIR BLK | .00 | 10:28pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K-C Shark

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County (| INTOXIMETERS, MODEL INTOX EC/IR II Olumbus Instrument Location SAT MU6/17 4 |
|--|--|
| ,—— | Serial No. 608898 5. 0. |
| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w Department of | on the |
| STATE ON 20, 177 ON 20 | Signature of Certifying Official Contificator Number |

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008898 Test Record Number: 771 Test Date: 07/28/2012 Test Time: 10:27pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:27pm 10:27pm |
| FC | Pass | 10:27pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:28pm |
| SRC | Pass | 10:28pm |
| DET | Pass | 10:28pm |
| BAR | Pass | 10:28pm |
| BT | Pass | 10:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:28pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:28pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:28pm 10:28pm |

Preventive Maintenance Status: Pass

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008898 Test Date: 07/28/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201802 Exp Date: 01/18/2014

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 10:18pm 10:19pm |
| ACCY CHK | .08 | 10:20pm |
| AIR BLK | .00 | 10:21pm |
| SUB TEST | .00 | 10:22pm |
| AIR BLK | .00 | 10:23pm |
| SUB TEST | .00 | 10:24pm |
| AIR BLK | .00 | 10:25pm |

Reported AC: .00 g/210%

Signature of Chamacal Analyst

Court CVR

Ki Ci Malyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County | Sizionswicie Instrument Location BAT MobileUni |
| Instrument S | erial No. 008898 Sanset Beack |
| The preventifour months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| procedures w | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. on the |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 775 Test Date: 07/29/2012 Test Time: 11:04pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:05pm |
| FLO | Pass | 11:05pm |
| FC | Pass | 11:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:05pm |
| SRC | Pass | 11:05pm |
| DET | Pass | 11:05pm |
| BAR | Pass | 11:05pm |
| BT | Pass | 11:05pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:05pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:05pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:06pm 11:06pm |

Preventive Maintenance Status: Pass

J. C. Moch

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 07/29/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201802 Exp Date: 01/18/2014

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 10:55pm 10:56pm 10:57pm |
| AIR BLK | .00 | 10:58rm |
| SUB TEST | .00 | 11:00pm |
| AIR BLK | .00 | 11:01pm |
| SUB TEST | .00 | 11:02pm |
| ATR BLK | . 0.0 | 11:03pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | RUHSWICK Instrument Location Sot Mobile unit 6 |
|---|--|
| Instrument Se | erial No. 008869 Sanset Beach |
| The preventiv | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | on the |
| O'NE STATE | Signature of Certifying Official Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Record Number: 803 Test Date: 07/29/2012 Test Time: 9:55pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:55pm |
| FLO | Pass | 9:55pm |
| FC | Pass | 9:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:56pm |
| SRC | Pass | 9:56pm |
| DET | Pass | 9:56pm |
| BAR | Pass | 9:56pm |
| BT | Pass | 9:56pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:56pm |

Printer Tests

Status

Time

Test

| PRNT | Pass | 9:56pm |
|-------------|--------------|------------------|
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:56pm 9:56pm |

Preventive Maintenance Status: Pass

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 07/29/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|--|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 | 9:43pm 9:44pm 9:44pm |
| SUB TEST | .00 | 9:45pm 9:46pm |
| AIR BLK SUB TEST | .00 .00 | 9:47pm 9:48pm |
| AIR BLK | .00 | 9:49pm |

Reported AC: .00 gg/210L

Signature of Chemical Analyst

Court CVR

K-C-Mash-

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County // | ew Hanover Instrument Location BAT Mobile U |
|--|--|
| Instrument Seria | al No. 008939 5.0, |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5; | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of I | theday of, 20 |
| O'THE STATE OF A STATE | H. C. Marker 601 |
| • | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Record Number: 797
Test Date: 07/21/2012 Test Time: 7:25pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:25pm |
| FLO | Pass | 7:25pm |
| FC | Pass | 7:26pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 7:26pm |
| SRC | Pass | 7:26pm |
| DET | Pass | 7:26pm |
| BAR | Pass | 7:26pm |
| \mathtt{BT} | Pass | 7:26pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:26pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 7:26pm |
| , e | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 7:27pm |
|------|------|--------|
| CAL | Pass | 7:27pm |

Preventive Maintenance Status: Pass

Knalyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008939 Test Date: 07/21/2012

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

.

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|---|------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 .00 .00 | 7:17pm 7:18pm 7:19pm 7:20pm 7:20pm 7:21pm 7:23pm |
| TATE DEST. | .00 | 7:23pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Cur | interplaced Instrument Location Carelland Co. Deservice |
|--------------------------------|--|
| Instrument Seri | ial No. 008614 Foyotlouille, NC |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures wer | the 30th day of 30 |
| OTHE STATE OF | Signature of Certifying Official Certificate Number |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 1978
Test Date: 07/30/2012 Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:16am 11:16am |
| FC | Pass | 11:16am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:16am |
| Pass | 11: 16am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:16am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:17am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:17am 11:17am |

Preventive Maintenance Status: Pass

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 07/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203102 Exp Date: 01/31/2014

| Test | g/210L | Time |
|--|----------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 | 11:06am 11:07am 11:08am 11:09am 11:09am |
| SUB TEST | .00 | 11:12am |
| AIR BLK | .00 | 11:13am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services
Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Ca | mberland Instrument Location Cumberland Co. Dolland |
|--|--|
| Instrument Seri | al No. 008633 Fayetleville, NC |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures wer | the 30 th day of 20 12 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 07/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 11:04am 11:05am |
| ACCY CHK | .07 | 11:05am |
| AIR BLK | .00 | 11:07am |
| SUB TEST | .00 | 11:07am |
| AIR BLK | .00 | 11:08am |
| SUB TEST | .00 | 11:10am |
| AIR BLK | .00 | 11:10am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Rec Test Date: 07/30/2012 Test Ti

Test Record Number: 2145
Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|----------------|
| | | and the second |
| IR | Pass | 11:12am |
| FLO | Pass | 11:12am |
| FC | Pass | 11:12am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:12am |
| SRC | Pass | 11:12am |
| DET | Pass | 11:12am |
| BAR | Pass | 11:12am |
| BT | Pass | 11:12am |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

AIR Pass 11:13am

Printer Tests

| Test | Status | Time |
|------|--------|------|
| | | |

PRNT Pass 11:13am

CRC Tests

| Test | Status | Time |
|------|--------|--------------|
| COMP | Pass | 11:13am |
| CAT. | Dagg | 11 • 1 3 ⊃ m |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Har | Instrument Location Harnet Co. Deloution Cti |
|--|--|
| Instrument Seri | al No. 008730 Lillindon, NC |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures wer Department of | the 30 day of |
| THE STATE OF THE S | CAROLINIA CONTROLLA CONTRO |

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 07/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202 Exp Date: 03/23/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:08pm |
| AIR BLK | .00 | 1:09pm |
| ACCY CHK | .07 | 1:09pm |
| AIR BLK | .00 | 1:10pm |
| SUB TEST | .00 | 1:11pm |
| AIR BLK | .00 | 1:11pm |
| SUB TEST | .00 | 1:13pm |
| AIR BLK | .00 | 1:14pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 1297

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:16pm |
| FLO | Pass | 1:16pm |
| FC | Pass | 1:17pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:17pm |
| SRC | Pass | 1:17pm |
| DET | Pass | 1:17pm |
| BAR | Pass | 1:17pm |
| BT | Pass | 1:17pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:17pr |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:17pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 1:17pm |
|------|------|--------|
| CAL | Pass | 1:17pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Hoke Instrument Location Hoke County Determion |
|--|--|
| Instrumer | at Serial No. 008852 Rass Carol, NC |
| The preve | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedure | hat on the 3/54 day of July ,20/12 the forgoing preventive maintenance as were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly. |
| SE COREATOR SE | TATE OF NO. |
| The state of the s | Signature of Certifying Official Certificate Number |

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 07/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124904 Exp Date: 09/06/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:43pm |
| AIR BLK | .00 | 1:43pm |
| ACCY CHK | .08 | 1:44pm |
| AIR BLK | .00 | 1:45pm |
| SUB TEST | .00 | 1:45pm |
| AIR BLK | .00 | 1:46pm |
| SUB TEST | .00 | 1:48pm |
| AIR BLK | .00 | 1:49pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 466
Test Date: 07/31/2012 Test Time: 1:50pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:50pm |
| FLO | Pass | 1:50pm |
| FC | Pass | 1:50pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 1:50pm |
| SRC | Pass | 1:50pm |
| DET | Pass | 1:50pm |
| BAR | Pass | 1:50pm |
| \mathtt{BT} | Pass | 1:50pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| | 10 | |
| AIR | Pass | 1:51pm |

Printer Tests

Status

Time

1:51pm

Test

CAL

| PRNT | Pass | 1:51pm |
|------|-----------|--------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:51pm |

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | HOKE Instrument Location HOKE GUNTY DETENTION CTR. |
|--|--|
| Instrument | Serial No. 008855 AEFORD NC |
| The preven | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures Department | at on the |
| TOTAL STATE OF THE | Signature of Certifying Official Certificate Number |

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 07/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

| Test | g/210L | Time |
|--|---------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 | 1:42pm 1:43pm 1:44pm 1:45pm 1:45pm |
| AIR BLK SUB TEST | .00 | 1:46pm 1:48pm |
| AIR BLK | .00 | 1:49pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855

Test Record Number: 735

Test Date: 07/31/2012

Test Time: 1:50pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:50pm |
| FLO | Pass | 1:50pm |
| FC | Pass | 1:50pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:50pm |
| SRC | Pass | 1:50pm |
| DET | Pass | 1:50pm |
| BAR | Pass | 1:50pm |
| BT | Pass | 1:50pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:51pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:51pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:51pm |
| CAL | Pass | 1:51pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | CUMBERCAND Instrument Location Combertano Co. DETENTION FO |
|--|--|
| Instrument S | erial No. 008672 Fayetleville, NC |
| The preventi- | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w | on the 30 day of 0/0, 20 /2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| A LES STATION OF THE STATE OF T | |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 07/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124903

Exp Date: 09/06/2013

| Test | g/210L | Time |
|------|--------|------|
| | | |

| DIAG | Pass | 11:03am |
|----------|------|---------|
| AIR BLK | .00 | 11:04am |
| ACCY CHK | .07 | 11:04am |
| AIR BLK | .00 | 11:05am |
| SUB TEST | .00 | 11:06am |
| AIR BLK | .00 | 11:07am |
| SUB TEST | .00 | 11:08am |
| AIR BLK | .00 | 11:09am |

Reported AC: .00 g/210L

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 3072
Test Date: 07/30/2012 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

| Test | Sta tus | Time |
|------|----------------|---------|
| IR | Pass | 11:26am |
| FLO | Pass | 11:26am |
| FC | Pass | 11:26am |

Temperature Tests

| Test | Sta tus | Time |
|------|----------------|---------|
| FC1 | Pass | 11:26am |
| SRC | Pass | 11:26am |
| DET | Pass | 11:26am |
| BAR | Pass | 11:26am |
| BT | Pass | 11:26am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:27am |

Printer Tests

| Test | Sta tus | Time |
|------|----------------|---------|
| PRNT | Pas s | 11:27am |
| | CRC Tests | |
| Test | Sta tus | Time |
| COMP | Pass | 11:27am |

11:27am

Preventive Maintenance Status: Pass

Pass

CAL

Sanalyst Sanalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | CUMBERIAND Instrument Location Compeniano Co. DETENTION FA |
|--|--|
| Instrument | Serial No. 008632 Fayetheville NC |
| The preven | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. . | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures | at on the |
| CORE AT STATE OF THE STATE OF T | Signature of Certifying Official Certificate Number |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 07/30/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

| Test | g/210L | Time |
|-----------------------------|-------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 | 10:59am 11:00am 11:00am |
| AIR BLK | .00 | 11:01am |
| SUB TEST | .00 | 11:02am |
| AIR BLK | .00 | 11:03am |
| SUB TEST | .00 | 11:04am |
| AIR BLK | .00 | 11:05am |

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 2100

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:06am |
| FLO | Pass | 11:06am |
| FC | Pass | 11:06am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:06am |
| SRC | Pass | 11:06am |
| DET | Pass | 11:06am |
| BAR | Pass | 11:06am |
| BT | Pass | 11:06am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:07am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:07am |
| | CRC Tests | |
| Test | Status | Time |

COMP Pass 11:07am CAL Pass 11:07am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Moore Instrument Location MOORE Co. JAIL. |
|------------|---|
| Instrumen | t Serial No. 008735 CARTHAGE, NC. |
| The preve | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedure | hat on theday of, 20 /2 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly. |
| GREAT CALL | STATE OF TO |
| ke. | Signature of Certifying Official Certificate Number |

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 07/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:00pm |
| AIR BLK | .00 | 2:00pm |
| ACCY CHK | .07 | 2:01pm |
| AIR BLK | .00 | 2:02pm |
| SUB TEST | .00 | 2:02pm |
| AIR BLK | .00 | 2:03pm |
| SUB TEST | .00 | 2:05pm |
| AIR BLK | .00 | 2:06pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 1098

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:08pm |
| FLO | Pass | 2:08pm |
| FC | Pass | 2:08pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 2:08pm |
| SRC | Pass | 2:08pm |
| DET | Pass | 2:08pm |
| BAR | Pass | 2:08pm |
| \mathtt{BT} | Pass | 2:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

AIR Pass 2:09pm

Printer Tests

| Test Status Ti | me |
|----------------|----|
|----------------|----|

PRNT Pass 2:09pm

CRC Tests

| Test | Status | Time |
|------|--------|-----------|
| 1505 | blatus | T T III C |

COMP Pass 2:09pm CAL Pass 2:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | HARNETT Instrument Location HARNETT CO. DETENTION CO | |
|---------------------------------|--|--|
| Instrume | t Serial No. 008729 LICLINGTON NC | |
| The prev | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are: | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | |
| I certify procedu Departn | that on the | |
| A COREAT SEA | Signature of Certifying Official Certificate Number | |

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 07/30/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 1:10pm 1:11pm |
| ACCY CHK | .07 | 1:12pm |
| AIR BLK | .00 | 1:12pm |
| SUB TEST | .00 | 1:13pm |
| AIR BLK | .00 | 1:14pm |
| SUB TEST | .00 | 1:16pm |
| ATR RIK | ٥٥ | 1.16pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 1523
Test Date: 07/30/2012 Test Time: 1:18pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:18pm |
| FLO | Pass | 1:18pm |
| FC | Pass | 1:18pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 1:18pm |
| SRC | Pass | 1:18pm |
| DET | Pass | 1:18pm |
| BAR | Pass | 1:18pm |
| \mathtt{BT} | Pass | 1:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:19pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 1:19pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:19pm 1:19pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | | INTOXIMETERS, MODEL INTOX EC/IN II |
|--|------------------------------|--|
| Cor | unty/ | GINDOLPH Instrument Location RANDOLPH G. JAIL |
| Inst | trument Se | rial No. DO 8850 Ashebses NC |
| _ | | |
| | e preventive r months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| | 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| | 2. | Verify instrument displays time and date; |
| | 3. | Initiate breath test sequence; |
| | 4. | Enter information as prompted; |
| | 5. | Verify instrument accuracy; |
| | 6. | When "PLEASE BLOW" appears, collect breath sample; |
| | 7. | When "PLEASE BLOW" appears, collect breath sample; |
| | 8. | Print test record; |
| | 9. | Verify Diagnostic Program; and |
| en e | 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | | n theday of, 20_12_ the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| AAK GREAT SF | OTHE STATE COME AND 20, 1775 | Signature of Certifying Official Certificate Number |

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008850 Test Date: 07/24/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| Test | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 | 11:48am 11:49am 11:50am 11:51am |
| SUB TEST | .00 | 11:51am |
| AIR BLK | .00 | 11:52am |
| SUB TEST | .00 | 11:54am |
| AIR BLK | .00 | 11:55am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008850 Test Date: 07/24/2012 Test Record Number: 459

Test Time: 12:05pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:05pm 12:05pm |
| FC | Pass | 12:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:06pm |
| SRC | Pass | 12:06pm |
| DET | Pass | 12:06pm |
| BAR | Pass | 12:06pm |
| BT | Pass | 12:06pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:06pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:06pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:06pm 12:06pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | | ELEKS, MODEL INTOX EC | |
|--|---|--|--|
| County | GNDOLPH | Instrument Location RANDO | CON CO. SAIL |
| Instrument Se | rial No. <u>068860</u> | Asheboeo No | <u>C </u> |
| The preventiv | | r the Intoximeters, Model Intox EC/IR II to | be followed at least once every |
| 1. | Verify the ethanol gas ca 34 degrees, plus or minu | unister displays pressure, or the alcoholic br s .2 degree centigrade; | eath simulator thermometer shows |
| 2. | Verify instrument displa | ys time and date; | |
| 3. | Initiate breath test seque | nce; | |
| 4. | Enter information as pro | mpted; | |
| 5. | Verify instrument accura | acy; | |
| 6. | When "PLEASE BLOW | " appears, collect breath sample; | |
| 7. | When "PLEASE BLOW | " appears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Progr | am; and | |
| 10. | Verify that the ethanol g simulator solution is bei whichever occurs first. | as canister is being changed before expirating changed every four months or after 125 | on date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| I certify that of procedures we Department of | on the <u>24</u> day of ere performed on the instrum of Health and Human Service | nent indicated above, in accordance with cures, and the instrument is functioning properly | forgoing preventive maintenance rrent regulations of the N.C. |
| TARTE OF THE CREAT | CAROLINA BAR | | og (^{POR}) and a |
| WAR QUANT | | 5 Tot / Line St. | Certificate Number |
| | | Signature of Certifying Official | Certificate Number |

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 07/24/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG125602 Exp Date: 09/13/2013

| rest | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 | 11:47am 11:48am 11:49am 11:49am |
| SUB TEST | .00 | 11:50am |
| AIR BLK | .00 | 11:51am |
| SUB TEST | .00 | 11:52am |
| ATR BLK | .00 | 11:53am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

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RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860

Test Record Number: 1624

Test Date: 07/24/2012

Test Time: 11:54am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:55am 11:55am |
| FC | Pass | 11:55am |

Temperature Tests

| Test | Status | Time |
|--------------------------|------------------------------|--|
| FC1 SRC DET BAR | Pass Pass Pass Pass | 11:55am 11:55am 11:55am 11:55am |
| BT | Pass | 11:55am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:56am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:56am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:56am 11:56am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| \mathcal{D}_{0} | H Instrument Location Pitt Co. Detention Cen |
|---|--|
| Instrument S | erial No.008646 124 Detention Dr., Greenville, |
| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures v | on the 24 day of July, 2012 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| TANK OF THE STATE | EGNORING CAYS |
| | Signature of Certifying Official Certificate Number |

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 07/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG120101

Exp Date: 07/20/2013

| Test | g/210L | Time |
|---|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .07 .00 .00 | 1:29pm 1:30pm 1:30pm 1:31pm 1:32pm 1:33pm 1:34pm |
| AIR BLK | .00 | 1:35pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646

Test Record Number: 1660

Test Date: 07/24/2012

Test Time: 1:36pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:36pm 1:36pm |
| FC | Pass | 1:36pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:36pm |
| SRC | Pass | 1:36pm |
| DET | Pass | 1:36pm |
| BAR | Pass | 1:36pm |
| BT | Pass | 1:36pm |

Blank Tests

| Test | Status | Time |
|------|--------|-------|
| Test | Status | TTING |

AIR Pass 1:37pm

Printer Tests

PRNT Pass 1:37pm

CRC Tests

| Test | Status | Time |
|------|--------|------|
|------|--------|------|

COMP Pass 1:37pm CAL Pass 1:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County Cu | Instrument Location (Without (0.5.0 (0/0)) |
| | ial No. 008949 1123 Depon Trail, Corolla, N.C. |
| The preventive four months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures Department | t on the |
| THE STA | TE OF ALLA |
| THE CHEAT SECTION OF THE CHEAT | -V 000 |
| | Signature of Certifying Official Certificate Number |

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 07/11/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E

Effective: 08/01/2011-08/01/2013

None NONE NONE

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

| Test | g/210L | Time |
|---|------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 .00 .00 | 2:00pm 2:01pm 2:02pm 2:02pm 2:03pm 2:04pm 2:05pm 2:06pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949

Test Record Number: 236

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:07pm 2:07pm |
| FC | Pass | 2:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:08pm |
| SRC | Pass | 2:08pm |
| DET | Pass | 2:08pm |
| BAR | Pass | 2:08pm |
| BT | Pass | 2:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|------|
|------|--------|------|

AIR Pass 2:08pm

Printer Tests

| Test St | atus Time |
|---------|-----------|
|---------|-----------|

2:08pm PRNT Pass

CRC Tests

Status Time Test

2:08pm COMP Pass 2:08pm CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| INTOXIMETERS, MODEL INTOX ECTR II |
|--|
| Dare Instrument Location Dare Co. Detention (en |
| erial No. 008588 1044 Driftwood Dr., Manteo, NL |
| ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| Verify instrument displays time and date; |
| Initiate breath test sequence; |
| Enter information as prompted; |
| Verify instrument accuracy; |
| When "PLEASE BLOW" appears, collect breath sample; |
| When "PLEASE BLOW" appears, collect breath sample; |
| Print test record; |
| Verify Diagnostic Program; and |
| Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| on the |
| VIII 0 . 643 |
| |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008588 Test Date: 07/23/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG120101 Exp Date: 07/20/2013

| Test | g/210L | Time |
|---|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 | 12:17pm 12:18pm 12:18pm 12:19pm 12:20pm 12:21pm |
| SUB TEST | .00 | 12:22pm |
| AIR BLK | .00 | 12:23pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008588

Test Record Number: 641

Test Date: 07/23/2012

Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:24pm |
| FLO | Pass | 12:24pm |
| FC | Pass | 12:24pm |

Temperature Tests

| Test | Status | Time |
|----------------|--------|---------|
| FC1 | Pass | 12:25pm |
| SRC | Pass | 12:25pm |
| \mathtt{DET} | Pass . | 12:25pm |
| BAR | Pass | 12:25pm |
| BT | Pass | 12:25pm |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

12:25pm Pass AIR

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:25pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:25pm |
| CAL | Pass | 12:25pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008783 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every

four months are:

- Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade;
- Verify instrument displays time and date; 2.
- Initiate breath test sequence; 3.
- Enter information as prompted; 4.
- Verify instrument accuracy; 5.
- When "PLEASE BLOW" appears, collect breath sample; 6.
- When "PLEASE BLOW" appears, collect breath sample; 7.
- Print test record: 8.
- Verify Diagnostic Program; and 9.
- Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

20 17 the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 07/23/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

| Test | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 | 12:11pm 12:11pm 12:12pm 12:13pm |
| SUB TEST | .00 | 12:14pm |
| AIR BLK | .00 | 12:14pm |
| SUB TEST | .00 | 12:16pm |
| AIR BLK | .00 | 12:17pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

) Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 340 Test Date: 07/23/2012 Test Time: 12:18pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:18pm 12:18pm |
| FC FC | Pass | 12:18pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:18pm |
| SRC | Pass | 12:18pm |
| DET | Pass | 12:18pm |
| BAR | Pass | 12:18pm |
| BT | Pass | 12:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:19pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:19pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:19pm |

12:19pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Cu | mstrument Location Currifick Co. S.O. |
|--|--|
| Instrument Ser | ial No. 008947 407-A Maple Rd., Maple, N.C. |
| The preventive four months ar | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that o procedures we Department of | n the |
| STATE OF CHEAT STATE OF THE STATE OF CHEAT STATE OF | CAROLLI CAROLL |
| | Signature of Carrifying Official Certificate Number |

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

> Serial Number: 008947 Test Date: 07/25/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G Permit Number: 12955E Effective: 08/01/2011-08/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG204602 Exp Date: 02/15/2014

| Test | g/210L | Time |
|---------------------|--------|--------------------|
| DIAG | Pass | 11:22am 11:23am |
| AIR BLK ACCY CHK | .00 | 11:23am |
| AIR BLK | . 00 | 11:24am |
| SUB TEST | .00 | 11:25am |
| AIR BLK | .00 | 11:26am |
| SUB TEST | .00 | 11:27am |
| AIR BLK | .00 | 11:28am |

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 1047

Test Date: 07/25/2012

Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| ÍR | Pass | 11:30am |
| FLO | Pass | 11:30am |
| FC | Pass | 11:30am |

Temperature Tests

| Test | Status | Time |
|--------------------------|------------------------------|--|
| FC1 SRC DET BAR | Pass Pass Pass Pass | 11:30am 11:30am 11:30am 11:30am |
| BT | Pass | 11:30am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:31am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:31am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:31am |

11:31am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOAIMETE | KS, MODE | L INTUX EC/I. | K 11 |
|---|--|-------------------|--------------------------|---|
| County | howan | Instrument l | Location Choway | Co Public Safet |
| Instrument Se | erial No. <u>008855</u> | 305W | , Weemason | St., Edenton, A |
| The preventive four months a | ve maintenance procedures for the I | ntoximeters, Mo | del Intox EC/IR II to be | followed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | | | h simulator thermometer shows |
| 2. | Verify instrument displays tim | e and date; | | |
| 3. | Initiate breath test sequence; | | | |
| 4. | Enter information as prompted | l; | | • |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" app | ears, collect bre | ath sample; | • |
| 7. | When "PLEASE BLOW" app | ears, collect bre | ath sample; | |
| . 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program; an | ıd | | |
| 10. | Verify that the ethanol gas car simulator solution is being chawhichever occurs first. | | | date, or the alcoholic breath coholic Breath Simulator tests, |
| procedures w | on the day of leavere performed on the instrument in of Health and Human Services, and | dicated above, ii | accordance with currer | rgoing preventive maintenance nt regulations of the N.C. |
| OF STATION | Salar Land | nature of Certify | Ving Official | Certificate Number |

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 07/26/2012 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 10:14am 10:15am 10:15am |
| AIR BLK | .00 | 10:16am |
| SUB TEST | .00 | 10:17am |
| AIR BLK | .00 | 10:18am |
| SUB TEST | .00 | 10:19am |
| AIR BLK | .00 | 10:20am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 07/26/2012 Test Record Number: 474
Test Time: 10:22am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:22am 10:22am |
| FC | Pass | 10:22am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:22am |
| SRC | Pass | 10:22am |
| DET | Pass | 10:22am |
| BAR | Pass | 10:22am |
| BT | Pass | 10:22am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| | Dead | 10:23am |
| AIR | Pass | TO:23am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:23am |
| | CRC Tests | |
| Test | Status | Time |

| COMP Pass 10:23 |
|-----------------|

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Sc | Christen Instrument Location Solme Police Dept. |
|--|--|
| Instrument Se | rial No. 008595 Solma, NC |
| The preventive four months a | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| , 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | on the 23 day of 30 day of |
| STATE CREAT TO THE STATE OF THE | Signature of Certifying Official Certificate Number |

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 07/23/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124904 Exp Date: 09/06/2013

| Test | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 | 12:10pm 12:11pm 12:11pm 12:13pm |
| SUB TEST | .00 | 12:13pm |
| AIR BLK | .00 | 12:14pm |
| SUB TEST | .00 | 12:15pm |
| AIR BLK | .00 | 12:16pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 603

Test Date: 07/23/2012

Test Time: 12:18pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:18pm |
| FLO | Pass | 12:18pm |
| FC | Pass | 12:19pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------------|--------------------|
| FC1 SRC | Pass Pass | 12:19pm 12:19pm |
| DET | Pass | 12:19pm |
| BAR | Pass | 12:19pm |
| \mathtt{BT} | Pass | 12:19pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:19pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:19pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:20pm 12:20pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County M | ECKLENBURG | Instrument Location_ | BAT | MOBILE UNIT 3 |
|--|---|--|--|--|
| Instrument S | erial No. <u>008707</u> | | CHA | RLOTTE, NC |
| The prevention four months | ve maintenance procedures for the In | toximeters, Model Intox | EC/IR II to | be followed at least once every |
| 1. | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg | lisplays pressure, or the ree centigrade; | alcoholic bre | eath simulator thermometer shows |
| 2. | Verify instrument displays time | and date; | | |
| 3. | Initiate breath test sequence; | | • | |
| 4. | Enter information as prompted; | | | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | | | |
| 7. | When "PLEASE BLOW" appe | ars, collect breath samp | le; | |
| 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program; and | l | | |
| 10. | Verify that the ethanol gas canis simulator solution is being chan whichever occurs first. | ster is being changed be aged every four months | fore expiration or after 125 | on date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| I certify that procedures v Department | on the <u>20</u> day of <u>5</u> vere performed on the instrument ind of Health and Human Services, and t | icated above, in accordance instrument is function | 12 the ance with cur ning properly | forgoing preventive maintenance rent regulations of the N.C. |
| TATE OF THE CONTROL O | S AQUAL | | | |
| A ESSE QUAM | 1 / / / / / / / / / / / / / / / / / / / | y Barnes | | 648 |
| | Sign | ature of Certifying Offi | icial | Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 07/20/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test | g/210L | Time |
|---|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .08 .00 .00 | 10:08pm 10:09pm 10:10pm 10:11pm 10:12pm 10:12pm 10:14pm |
| == | | |
| AIR BLK | .00 | 10:15pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

allen Lay Bers

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 1492

Test Date: 07/20/2012

Test Time: 10:16pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:17pm |
| FLO | Pass | 10:17pm |
| FC | Pass | 10:17pm |

Temperature Tests

| Test | Status | Time |
|--------------------------|------------------------------|---|
| FC1 SRC DET BAR | Pass Pass Pass Pass | 10:17pm 10:17pm 10:17pm 10:17pm 10:17pm |
| \mathtt{BT} | Pass | TO: T / Dut |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:17pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:18pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:18pm 10:18pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | IECKLENBURG Instrument Location BAT MOBILE UNIT 3 | | |
|--|--|--|--|
| Instrument S | Serial No. OOS647 Instrument Location BAT MOBILE UNIT 3 | | |
| | | | |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: | | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | | |
| 2. | Verify instrument displays time and date; | | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | | |
| I certify that procedures w Department of | on the | | |
| STATE OF THE STATE | Ulm Ray Bames 648 | | |
| | Signature of Certifying Official Certificate Number | | |

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 07/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 10:13pm 10:14pm 10:15pm |
| AIR BLK | .00 | 10:16pm |
| SUB TEST | .00 | 10:16pm |
| AIR BLK | .00 | 10:17pm |
| SUB TEST | .00 | 10:19pm |
| AIR BLK | .00 | 10:20pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 1430 Test Date: 07/20/2012 Test Time: 10:23pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:23pm |
| FLO | Pass | 10:23pm |
| FC | Pass | 10:23pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:23pm |
| SRC | Pass | 10:23pm |
| DET | Pass | 10:23pm |
| BAR | Pass | 10:23pm |
| BT | Pass | 10:23pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:24pm |

Printer Tests

| Test | Status | Time |
|------|--------------|--------------------|
| PRNT | Pass | 10:24pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 10:24pm 10:24pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | MECKLENBURG Instrument Location BAT MOBILE UNIT 3 |
|----------------------------------|--|
| Instrume | nt Serial No. O08616 CHARLOTTE, NC |
| The prevention | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify the procedure Departme | nat on the |
| GREAT STATES | ATE OF NORTH ANY VIOLENT Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 07/20/2012

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

| Test | g/210L | Time |
|---|--------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .07 .00 .00 .00 | 10:10pm 10:12pm 10:12pm 10:13pm 10:13pm 10:14pm 10:16pm |
| AIR BLK | .00 | 10:17pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 07/20/2012

Test Record Number: 1432 Test Time: 10:17pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:18pm |
| FLO | Pass | 10:18pm |
| FC | Pass | 10:18pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:18pm |
| SRC | Pass | 10:18pm |
| DET | Pass | 10:18pm |
| BAR | Pass | 10:18pm |
| BT | Pass | 10:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:19pm |

Printer Tests

| | | -5 |
|-------------|--------------|--------------------|
| Test | Status | Time |
| PRNT | Pass | 10:19pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:19pm 10:19pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Wake Instrument Location BAT MOBILE UNITED |
|--|--|
| Instrument | Serial No. 008600 CANY |
| The preven | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify the procedures Departmen | were performed on the instrument indicated above, in accordance with current regulations of the N,C. tof Health and Human Services, and the instrument is functioning properly. |
| STATE OF STA | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1043

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:30pm |
| FLO | Pass | 11:30pm |
| FC | Pass | 11:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:30pm |
| SRC | Pass | 11:30pm |
| DET | Pass | 11:30pm |
| BAR | Pass | 11:30pm |
| BT | Pass | 11:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:31pm |

Printer Tests

| rest | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:31pm |
| | CRC Tests | |

Observe Milmo

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:31pm |
| CAL | Pass | 11:31pm |

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 07/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 10:59pm 11:00pm 11:00pm |
| AIR BLK | .00 | 11:01pm |
| SUB TEST | .00 | 11:03pm |
| AIR BLK | .00 | 11:03pm |
| SUB TEST | .00 | 11:05pm |
| AIR BLK | .00 | 11:06pm |

Reported AC: __.00 q/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| Instrument Serial No. COSCOS The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer st 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; | County / | 1986 Instrument Location BAT 1100,1 & Liv. T |
|--|--|--|
| 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; | Instrument Seri | al No. 008698 CAMJ |
| 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; | The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 3. Initiate breath test sequence; | 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| | 2. | Verify instrument displays time and date; |
| 4. Enter information as prompted; | 3. | Initiate breath test sequence; |
| | 4. | Enter information as prompted; |
| 5. Verify instrument accuracy; | 5. | Verify instrument accuracy; |
| 6. When "PLEASE BLOW" appears, collect breath sample; | 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. When "PLEASE BLOW" appears, collect breath sample; | 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. Print test record; | 8. | Print test record; |
| 9. Verify Diagnostic Program; and | 9. | Verify Diagnostic Program; and |
| 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. | 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on theday of, 20/2 the forgoing preventive maintenar procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. | procedures were | e performed on the instrument indicated/above, in accordance with current regulations of the N.C. |
| Signature of Certifying Official Certificate Number | TAN 10, 1775 AND 1775 | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698

Test Record Number: 837
Test Time: 11:31pm EDT

Test Date: 07/20/2012 Test

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:31pm |
| FLO | Pass | 11:31pm |
| FC | Pass | 11:32pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:32pm |
| SRC | Pass | 11:32pm |
| DET | Pass | 11:32pm |
| BAR | Pass | 11:32pm |
| BT | Pass | 11:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:32pm |

Printer Tests

| rest | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:32pm |
| | | |

CRC Tests

| rest | Status | TIME |
|------|--------|---------|
| COMP | Pass | 11:32pm |
| CAL | Pass | 11:32pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 07/20/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|---------------------|------------|--------------------|
| DIAG AIR BLK | Pass | 11:02pm 11:03pm |
| ACCY CHK AIR BLK | .07 .00 | 11:04pm 11:04pm |
| SUB TEST | .00 | 11:05pm |
| AIR BLK | .00 | 11:06pm |
| SUB TEST | .00 | 11:08pm |
| AIR BLK | .00 | 11:08pm |

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WARE Instrument Location 1317 MOBILE CONT |
|--|--|
| Instrument Se | rial No |
| The preventiv | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | on the |
| THE STATE OF THE S | CAROLLE STATE OF THE STATE OF T |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 07/20/2012

Test Record Number: 671
Test Time: 11:30pm EDT

1050 11mc. 11.50pm 1221

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:31pm |
| FLO | Pass | 11:31pm |
| FC | Pass | 11:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:31pm |
| SRC | Pass | 11:31pm |
| DET | Pass | 11:31pm |
| BAR | Pass | 11:31pm |
| BT | Pass | 11:31pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:31pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:32pm |
| • | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 11:32pm |
|------|------|---------|
| CAL | Pass | 11:32pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 07/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 11:01pm 11:01pm |
| ACCY CHK | .07 | 11:02pm |
| AIR BLK | .00 | 11:03pm |
| SUB TEST | .00 | 11:04pm |
| AIR BLK | .00 | 11:05pm |
| SUB TEST | .00 | 11:06pm |
| ATR BLK | .00 | 11:07pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE Instrument Location BAT WOBILE LINET #5 |
|---------------------------------------|---|
| Instrumer | nt Serial No |
| The preve | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9 | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify the procedures Department | at on the, 20 / 2 the forgoing preventive maintenance swere performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly. |
| S S S S S S S S S S S S S S S S S S S | ATE OF ANOTHER STORY OF CASE IN A COST OF STORY |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 1048 Test Date: 07/21/2012 Test Time: 11:51pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:52pm |
| FLO | Pass | 11:52pm |
| FC | Pass | 11:52pm |

Temperature Tests

| Test | Status | Time |
|-----------|--------|---------|
| FC1 | Pass | 11:52pm |
| SRC | Pass | 11:52pm |
| DET | Pass | 11:52pm |
| BAR | Pass | 11:52pm |
| ${	t BT}$ | Pass | 11:52pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:52pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:52pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:52pm 11:52pm |

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 07/21/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|---------------------|--------|--------------------|
| DIAG | Pass | 11:42pm |
| AIR BLK ACCY CHK | .00 | 11:43pm 11:43pm |
| AIR BLK | .00 | 11:45pm |
| SUB TEST | .00 | 11:46pm |
| AIR BLK | .00 | 11:47pm |
| SUB TEST | .00 | 11:48pm |
| AIR BLK | .00 | 11:49pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE | Instrument Location 347 U | MOBILE Land THE |
|---|---|---|--|
| Instrument | Serial No. <u>008698</u> | WENDE | 41 |
| The prevent four months | • | ntoximeters, Model Intox EC/IR II to b | e followed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the alcoholic brea egree centigrade; | ath simulator thermometer shows |
| 2. | Verify instrument displays time | e and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted | , | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 7. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 8. | Print test record; | • | |
| 9. | Verify Diagnostic Program; an | ad . | |
| 10. | | ister is being changed before expiration inged every four months or after 125 A | |
| I certify that procedures v Department | t on the 22 day of 10 were performed on the instrument incof Health and Human Services, and | dicated above, in accordance with curre the instrument is functioning properly. | orgoing preventive maintenance ent regulations of the N.C. |
| STATE STATE OF STATE | | nature of Certifying Official | Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 840
Test Date: 07/22/2012 Test Time: 12:18am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:18am 12:18am |
| FC | Pass | 12:18am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 12:18am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:19am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:19am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:19am 12:19am |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 07/22/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|--|------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 | 12:10am 12:11am 12:11am 12:12am 12:13am |
| AIR BLK SUB TEST AIR BLK | .00 .00 | 12:14am 12:15am 12:16am |

Reported AC: .0

00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE Instrument Location BAT MOBILE Const |
|--|--|
| Instrument Ser | ial No. <u>808788</u> WENDER |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures wer Department of | the |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 07/21/2012

Test Record Number: 675
Test Time: 11:54pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:54pm 11:54pm |
| | | - |
| FC | Pass | 11:54pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:54pm |
| SRC | Pass | 11:54pm |
| DET | Pass | 11:54pm |
| BAR | Pass | 11:54pm |
| \mathtt{BT} | Pass | 11:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:55pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:55pm |
| CAL | Pass | 11:55pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 07/21/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

| Test | g/210L | Time |
|-----------------------------|--------|-------------------------------|
| DIAG AIR BLK ACCY CHK | .07 | 11:44pm 11:45pm 11:46pm |
| AIR BLK | .00 | 11:47pm |
| SUB TEST | .00 | 11:48pm |
| AIR BLK | .00 | 11:49pm |
| SUB TEST | .00 | 11:51pm |
| AIR BLK | .00 | 11:52pm |

Reported AC: .00 g/210L

Sighatore of Chemical Analyst

Court CVR

Analyst Moy

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. | County | MODRE Instrument Location ROBBINS POLICE DEPT |
|--|--|--|
| 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomete 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the | Instrument Se | |
| 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the/B day of | The preventive four months a | /e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the | 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the/B day of | 2. | Verify instrument displays time and date; |
| 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breamulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the | 3. | Initiate breath test sequence; |
| 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the | 4. | Enter information as prompted; |
| 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the | 5. | Verify instrument accuracy; |
| 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic braimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the | 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brisimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the | 7. | When "PLEASE BLOW" appears, collect breath sample; |
| Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the | 8. | Print test record; |
| simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the | 9. | Verify Diagnostic Program; and |
| Department of Health and Human Services, and the instrument is functioning properly. | 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| THE STATE OF NO PARTY OF THE PA | procedures we | ere performed on the instrument indicated above, in accordance with current regulations of the N.C. |
| Signature of Certifying Official Certificate Number | THE STATE OF THE S | TENT swell 371 |

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 07/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 10:29am 10:30am |
| ACCY CHK | .08 | 10:31am |
| AIR BLK | .00 | 10:31am |
| SUB TEST | .00 | 10:32am |
| AIR BLK | .00 | 10:33am |
| SUB TEST | .00 | 10:35am |
| AIR BLK | . 00 | 10:36am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728

Test Record Number: 211

Test Date: 07/18/2012

Test Time: 10:37am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:37am |
| FLO | Pass | 10:37am |
| FC | Pass | 10:37am |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 10:37am 10:37am 10:37am 10:37am 10:37am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:38am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:38am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:38am |

Preventive Maintenance Status: Pass

Pass

10:38am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | LEE Instrument Location LEE Co. JAIL |
|--|--|
| Instrument Se | erial No. <u>DD8645</u> <u>SANFORD, NC</u> |
| The preventiv | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | on the |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 07/23/2012

Test Record Number: 1118 Test Time: 11:10am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:11am 11:11am |
| FC | Pass | 11:11am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:11am |
| SRC | Pass | 11:11am |
| DET | Pass | 11:11am |
| BAR | Pass | 11:11am |
| BT | Pass | 11:11am |

Blank Tests

| Test. | Status | Time |
|-------|--------|---------|
| AIR | Pass | 11:12am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:12am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:12am 11:12am |

Preventive Maintenance Status: Pass

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 07/23/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004

Exp Date: 02/09/2013

| Test | 9/2101 | TTILLE |
|------|--------|--------|
| | | |

| DIAG | Pass | 11:03am |
|----------|------|---------|
| AIR BLK | .00 | 11:03am |
| ACCY CHK | .08 | 11:04am |
| AIR BLK | .00 | 11:05am |
| SUB TEST | .00 | 11:05am |
| AIR BLK | .00 | 11:06am |
| SUB TEST | .00 | 11:08am |
| ATR BLK | 0.0 | 11.09am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | Z |
|---|--|
| County / | Remswice Instrument Location BAT Mobile Unit & |
| Instrument Ser | rial No. <u>008869</u> <u>5HP</u> |
| The preventive four months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus, 2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | n the |
| STATE | VORTE CAROLINA CAROLI |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 07/13/2012 Test Record Number: 771 Test Time: 9:22pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:22pm |
| FLO | Pass | 9:22pm |
| FC | Pass | 9:23pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:23pm |
| SRC | Pass | 9:23pm |
| DET | Pass | 9:23pm |
| BAR | Pass | 9:23pm |
| BT | Pass | 9:23pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:23pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 9:23pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:24pm 9:24pm |

Preventive Maintenance Status: Pass

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 07/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:14pm |
| AIR BLK | .00 | 9:15pm |
| ACCY CHK | .08 | 9:16pm |
| AIR BLK | .00 | 9:17pm |
| SUB TEST | .00 | 9:17pm |
| AIR BLK | .00 | 9:18pm |
| SUB TEST | .00 | 9:20pm |
| ATR BLK | .00 | 9:21pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| Prog. | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County / | Spanswick Instrument Location 18 17 Mobile Unit |
| Instrument Ser | ial No. 008898 5.0. |
| | ř |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | n theday of, 20 / Z—the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| STATE OF THE STATE | Signature of Certifying Official Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 745
Test Date: 07/07/2012 Test Time: 4:42pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:42pm |
| FLO | Pass | 4:42pm |
| FC | Pass | 4:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:42pm |
| SRC | Pass | 4:42pm |
| DET | Pass | 4:42pm |
| BAR | Pass | 4:42pm |
| BT | Pass | 4:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:43pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 4:43pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 4:43pm 4:43pm |

Preventive Maintenance Status: Pass

H. C. Shoot

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 07/07/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201802 Exp Date: 01/18/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:34pm |
| AIR BLK | .00 | 4:35pm |
| ACCY CHK | .07 | 4:36pm |
| AIR BLK | .00 | 4:36pm |
| SUB TEST | .00 | 4:37pm |
| AIR BLK | .00 | 4:38pm |
| SUB TEST | .00 | 4:40pm |
| ATR BLK | . 0.0 | 4:41pm |

Reported AC:

Signature of

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County 3 | Punsaick Instrument Location SAT Mobile Unit 4 |
|--|--|
| Instrument Seria | 11 No. 008869 5.0. |
| The preventive r | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of I | theday of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| TO THE STATE OF TH | Signature of Certifying Official Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869

Test Record Number: 768

Test Date: 07/07/2012

Test Time: 4:42pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:43pm |
| FLO | Pass | 4:43pm |
| FC | Pass | 4:43pm |

Temperature Tests

| Test | Status | Time |
|------------|--------------|------------------|
| FC1 SRC | Pass Pass | 4:43pm 4:43pm |
| DET | Pass | 4:43pm |
| BAR | Pass | 4:43pm |
| BT | Pass | 4:43pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:44pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 4:44pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 4:44pm 4:44pm |

Preventive Maintenance Status: Pass

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 07/07/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|---|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .07 .00 .00 | 4:34pm 4:35pm 4:36pm 4:37pm 4:38pm 4:39pm 4:41pm |
| AIR BLK | .00 | 4:42pm |

Reported AC: ,0

210Tر محر 20

Signature of Chemical Analyst

Court CVR

Re Capholica

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County 5 | RUNSWICK Instrument Location BAT MOBILE UNITE |
|--|--|
| Instrument Se | rial No. <u>008939</u> <u>5. 0.</u> |
| The preventive four months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that o procedures we Department of | n the day of, 20 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Record Number: 779
Test Date: 07/07/2012 Test Time: 4:43pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:44pm |
| FLO | Pass | 4:44pm |
| FC | Pass | 4:44pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:44pm |
| SRC | Pass | 4:44pm |
| DET | Pass | 4:44pm |
| BAR | Pass | 4:44pm |
| BT | Pass | 4:44pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:45pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 4:45pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 4:45pm 4:45pm |

Preventive Maintenance Status: Pass

Fr C- Moder

BRUNSWICK COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 07/07/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|--|--------------------|--------------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 | 4:35pm 4:36pm 4:37pm 4:38pm |
| SUB TEST | .00 | 4:39pm |
| AIR BLK | .00 | 4:39pm |
| SUB TEST | .00 | 4:41pm |
| ATP BIK | 0.0 | 4:42om |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

To C. Thoch

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County/S | RUNSWICK Instrument Location SAT | mobile unit |
|---|---|--|
| Instrument Ser | ial No. <u>008898</u> <u>5/+</u> | |
| The preventive four months ar | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for | bilowed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade; | simulator thermometer shows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration daysimulator solution is being changed every four months or after 125 Alcowhichever occurs first. | ate, or the alcoholic breath holic Breath Simulator tests, |
| I certify that of procedures we Department of | on the | oing preventive maintenance regulations of the N.C. |
| STATE STATE OF MAN STATE OF | C. Alanda | 601 |
| | Signature of Certifying Official | Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898

Test Record Number: 748

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:22pm |
| FLO | Pass | 9:22pm |
| FC | Pass | 9:22pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:22pm |
| SRC | Pass | 9:22pm |
| DET | Pass | 9:22pm |
| BAR | Pass | 9:22pm |
| BT | Pass | 9:22pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:23pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 0.22nm |
| FIXIVI | | 9:23pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:23pm 9:23pm |

Preventive Maintenance Status: Pass

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 07/13/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG201802 Exp Date: 01/18/2014

| Test | g/210L | Time |
|--|--------------------|--------------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 | 9:14pm 9:15pm 9:15pm 9:16pm |
| SUB TEST | .00 | 9:17pm |
| AIR BLK | .00 | 9:18pm |
| SUB TEST | .00 | 9:19pm |
| AIR BLK | .00 | 9:20pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County / | RUNSWICK Instrument Location BAT MObile Unit |
|---|--|
| | rial No. <u>10.08939</u> <u>SHP</u> |
| The preventiv | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. _{se} s | Initiate breath test sequence; |
| 4. 🐇 | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| ` 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | on the 13 day of 30 day of |
| O'ME STATE | Signature of Certifying Official Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Record Number: 783
Test Date: 07/13/2012 Test Time: 9:23pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:24pm |
| FLO | Pass | 9:24pm |
| FC | Pass | 9:24pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 9:24pm |
| SRC | Pass | 9:24pm |
| DET | Pass | 9:24pm |
| BAR | Pass | 9:24pm |
| \mathtt{BT} | Pass | 9:24pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:25pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 9:25pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:25pm 9:25pm |

Preventive Maintenance Status: Pass

M. C. Malyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 07/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|--|--------|--------------------------------------|
| DIAG AIR BLK ACCY CHA AIR BLK | 80. | 9:15pm 9:16pm 9:17pm 9:18pm |
| SUB TEST | .00 | 9:18pm |
| AIR BLK | .00 | 9:19pm |
| פוום יידפי | . 00 | 9 • 21 mm |

Reported AC: .00 g/210L

.00

9:22pm

AIR BLK

Signature of Chemical Analyst

Court CVR

Knalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County / E | ew Hanover Instrument Location BAT Mobile Unit |
|--|--|
| Instrument Seria | INO. 008898 SHP |
| | |
| The preventive refour months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of H | the |
| THE STATE OF A LOCAL PROPERTY OF A LOCAL PROPE | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 754
Test Date: 07/14/2012 Test Time: 7:32pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:33pm |
| FLO | Pass | 7:33pm |
| FC | rass | 7:33pm |
| FC | Pass | 7:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 7:33pm |
| SRC | Pass | 7:.33pm |
| DET | Pass | 7:33pm |
| BAR | Pass | 7:33pm |
| BT | Pass | 7:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:33pm |

Printer Tests

Status

Time

7:34pm

Test

CAL

| PRNT | Pass | 7:34pm |
|------|-----------|--------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 7:34pm |

Preventive Maintenance Status: Pass

Pass

Malyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 07/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201802 Exp Date: 01/18/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:23pm |
| AIR BLK | .00 | 7:24pm |
| ACCY CHK | .07 | 7:25pm |
| AIR BLK | .00 | 7:26pm |
| SUB TEST | .00 | 7:26pm |
| AIR BLK | .00 | 7:27pm |
| SUB TEST | .00 | 7:29pm |
| AIR BLK | .00 | 7:30pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

To Collaboration Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County / | ew Hanover Instrument Location BATMObile un, +C |
|--|---|
| Instrument Serie | al No. 008939 SMP |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures wer Department of | the day of day of 20/2 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| OF HE STATE OF THE PARTY OF THE | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939

Test Record Number: 788

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:38pm |
| FLO | Pass | 7:38pm |
| FC | Pass | 7:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:38pm |
| SRC | Pass | 7:38pm |
| DET | Pass | 7:38pm |
| BAR | Pass | 7:38pm |
| BT | Pass | 7:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:38pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 7:39pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 7:39pm |

Preventive Maintenance Status: Pass

Pass

7:39pm

CAL

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 07/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:25pm |
| AIR BLK | .00 | 7:26pm |
| ACCY CHK | .07 | 7:27pm |
| AIR BLK | .00 | 7:28pm |
| SUB TEST | .00 | 7:28pm |
| AIR BLK | .00 | 7:29pm |
| SUB TEST | .00 | 7:31pm |
| ATR BLK | .00 | 7:31pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fi Cofficiale Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| / | en Hanaver Instrument Location BATMObile Units |
|--|--|
| Instrument Seri | al No. <u>608869</u> |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures wer Department of | theday of, 20/2 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| OF IL STATE OF INTERPRETATION OF ILE STATE O | |

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Record Number: 776
Test Date: 07/14/2012 Test Time: 7:37pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:37pm |
| FLO | Pass | 7:37pm |
| FC | Pass · | 7:37pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:38pm |
| SRC | Pass | 7:38pm |
| DET | Pass | 7:38pm |
| BAR | Pass | 7:38pm |
| BT | Pass | 7:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:38pm |

Printer Tests

Status

Time

7:38pm

Test

CAL

| PRNT | Pass | 7:38pm |
|------|-----------|--------|
| - | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 7:38pm |

Preventive Maintenance Status: Pass

Pass

Mr C-finole

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008869 Test Date: 07/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:24pm |
| AIR BLK | .00 | 7:25pm |
| ACCY CHK | .07 | 7:26pm |
| AIR BLK | .00 | 7:27pm |
| SUB TEST | .00 | 7:27pm |
| AIR BLK | .00 | 7:28pm |
| SUB TEST | .00 | 7:30pm |
| AIR BLK | .00 | 7:31pm |

Reported AC: .00 gr/210L

Signature of Chemical Analyst

Court CVR

M. C. Mocla

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Instrument Se | instrument Location BAT Mabile Unit |
|---|--|
| instrument se | 11at No. 29 500) |
| The preventiv | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | on the day of July, 20/2 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| STATE CREAT SEA | Z AO ALL CAROLINA DE LA CAROLINA DEL CAROLINA DE LA CAROLINA DEL CAROLINA DE LA C |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008869

Test Record Number: 787

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:36pm |
| FLO | Pass | 5:36pm |
| FC | Pass | 5:36pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:36pm |
| SRC | Pass | 5:36pm |
| DET | Pass | 5:36pm |
| BAR | Pass | 5:36pm |
| BT | Pass | 5:36pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:37pm |

Printer Tests

Status

Time

5:37pm 5:37pm

Test

COMP

CAL

| PRNT | Pass | 5:37pm |
|------|-----------|--------|
| | CRC Tests | * |
| Test | Status | Time |

Pass

Preventive Maintenance Status: Pass

Pass

ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008869 Test Date: 07/20/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG123501

| Exp | Date: | 08/23 | /2013 |
|------|-------|-------|-------|
| Test | a. | /210L | Time |

| | • | |
|----------|------|---------|
| DIAG | Pass | 5:27pm |
| AIR BLK | .00 | 5:28pm |
| ACCY CHK | .07 | 5:28pm |
| AIR BLK | .00 | 5:29pm |
| SUB TEST | .00 | 5:30pm |
| AIR BLK | .00 | 5:31pm |
| SUB TEST | .00 | 5:32pm |
| AIR BLK | .00 | mqEE: 2 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

fr.C. flust

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | en Hand Ver Instrument Location BAT MOS. 1e Unit |
|--|---|
| Instrument So | erial No |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, coilect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w Department of | on the day of day of 2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | |

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 766
Test Date: 07/21/2012 Test Time: 7:24pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:25pm |
| FLO | Pass | 7:25pm |
| FC | Pass | 7:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:25pm |
| SRC | Pass | 7:25pm |
| DET | Pass | 7:25pm |
| BAR | Pass | 7:25pm |
| BT | Pass | 7:25pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:26pm |

Printer Tests

Test

CAL

Status

Time

| PRNT | Pass | 7:26pm |
|------|-----------|--------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 7:26pm |

Pass 7:26pm

Preventive Maintenance Status: Pass

L'C Mode

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008898 Test Date: 07/21/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201802 Exp Date: 01/18/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:16pm |
| AIR BLK | .00 | 7:17pm |
| ACCY CHK | .08 | 7:17pm |
| AIR BLK | .00 | 7:18pm |
| SUB TEST | . 0.0 | 7:19mm |

AIR BLK .00 7:20pm SUB TEST .00 7:21pm

AIR BLK .00 7:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County New | Stane Ver Instrument Location BAT Mobile an. The |
|--|--|
| Instrument Serial N | . <u>008869</u> <u>5.0.</u> |
| The preventive main four months are: | ntenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. V | erify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 4 degrees, plus or minus .2 degree centigrade; |
| 2. V | erify instrument displays time and date; |
| 3. In | nitiate breath test sequence; |
| 4. E | nter information as prompted; |
| 5. V | erify instrument accuracy; |
| 6. W | hen "PLEASE BLOW" appears, collect breath sample; |
| 7. W | hen "PLEASE BLOW" appears, collect breath sample; |
| 8. P | rint test record; |
| 9. V | erify Diagnostic Program; and |
| si | erify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath imulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on the procedures were per Department of Hear | day of, 20 / the forgoing preventive maintenance rformed on the instrument indicated above, in accordance with current regulations of the N.C. lth and Human Services, and the instrument is functioning properly. |
| STATE OF AUGUSTAN 20, 1775 APRI 12, 578 AP | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Record Number: 790 Test Date: 07/21/2012 Test Time: 7:24pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:24pm |
| FLO | Pass | 7:24pm |
| FC | Pass | 7:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:25pm |
| SRC | Pass | 7:25pm |
| DET | Pass | 7:25pm |
| BAR | Pass | 7:25pm |
| BT | Pass | 7:25pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:25pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 7:25pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 7:26pm 7:26pm |

Preventive Maintenance Status: Pass

1 Coffee Constant

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008869 Test Date: 07/21/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:16pm |
| AIR BLK | .00 | 7:17pm |
| ACCY CHK | .07 | 7:18pm |
| AIR BLK | .00 | 7:19pm |
| SUB TEST | .00 | 7:19pm |
| AIR BLK | .00 | 7:20pm |
| SUB TEST | .00 | 7:22pm |
| AIR BLK | .00 | 7:23pm |

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

K. C. Macle
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Instrument Location WASH CO. JAII |
|--|--|
| Instrument Ser | rial No. 008630 NASHUILE, N.C. |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | n the |
| STATE OF THE CHARLES THE CHARL | Signature of Certifying Official Certificate Number |

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 07/19/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125603 Exp Date: 09/13/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:40pm |
| AIR BLK | .00 | 1:41pm |
| ACCY CHK | .08 | 1:42pm |
| AIR BLK | .00 | 1:43pm |
| SUB TEST | .00 | 1:43pm |
| AIR BLK | .00 | 1:44pm |
| SUB TEST | .00 | 1:46pm |
| AIR BLK | .00 | 1:46pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

analyst The state of the state

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630

Test Record Number: 2450

Test Date: 07/19/2012

Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:47pm |
| FLO | Pass | 1:47pm |
| FC | Pass | 1:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:48pm |
| SRC | Pass | 1:48pm |
| DET | Pass | 1:48pm |
| BAR | Pass | 1:48pm |
| BT | Pass | 1:48pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:48pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:48pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:48pm |

Pass

1:48pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | NASH | Instr | ment Location_ | Peck | 4 Maria | - P.O. |
|--|---|--|--|----------------|--|------------------------------|
| Instrument | NASH Serial No | 40 #1 | GOVERM | eat | PIAZA | Rocky |
| | | | | | | <u> </u> |
| The prevent | tive maintenance procedu s are: | res for the Intoximete | ers, Model Intox | EC/IR II to | be followed at l | east once every |
| 1. | | gas canister displays minus .2 degree cent | | ilcoholic br | eath simulator th | ermometer shows |
| 2. | Verify instrument of | lisplays time and date | > ; | | | |
| 3. | Initiate breath test s | sequence; | | • | | |
| 4. | Enter information a | s prompted; | | | • | |
| 5. | Verify instrument a | iccuracy; | | | | |
| 6. | When "PLEASE B | LOW" appears, coll- | ect breath sample | ; | | |
| 7. | When "PLEASE B | LOW" appears, coll- | ect breath sample | ; ; | | |
| 8. | Print test record; | | | | | |
| 9. | Verify Diagnostic I | Program; and | | | | |
| 10. | | nol gas canister is be is being changed ever irst. | | | | |
| I certify that procedures Department | at on the <u>Q</u> day were performed on the ins t of Health and Human Se | of | , 20 pove, in accordan ment is functioni | the cuith cui | forgoing preven rrent regulations y. | tive maintenance of the N.C. |
| THE STATE OF THE CONTROL OF THE CONT | CAROLI | Signature of | DAUZ-C Certifying Offici | ial | 65 Certific | cate Number |

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 07/19/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: QUARANTELLO, NICHOLAS J Permit Number: 21536E Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

| Test | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 | 11:30am 11:31am 11:32am 11:33am |
| SUB TEST | .00 | 11:34am |
| AIR BLK | .00 | 11:35am |
| SUB TEST | .00 | 11:36am |
| AIR BLK | .00 | 11:37am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 07/19/2012

Test Record Number: 371
Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:38am |
| FLO | Pass | 11:38am |
| FC | Pass | 11:39am |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:39am |
| SRC | Pass | 11:39am |
| DET | Pass | 11:39am |
| BAR | Pass | 11:39am |
| \mathtt{BT} | Pass | 11:39am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:39am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:39am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:40am |

11:40am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | NASH Instrument Location ROCKY MOURT P.D. |
|---|--|
| Instrumen | Serial No. 008741 #1 GOVERHENT PAZA ROCKY M |
| The preve | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify t procedure Departme | nat on the |
| GREAT SE | TATE OF NO. |
| *************************************** | Signature of Certifying Official Certificate Number |

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 07/19/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG125603 Exp Date: 09/13/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 11:27am 11:27am 11:28am |
| AIR BLK | .00 | 11:29am |
| SUB TEST | .00 | 11:29am |
| AIR BLK | .00 | 11:30am |
| SUB TEST | .00 | 11:32am |
| AIR BLK | .00 | 11:33am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741

Test Record Number: 1058

Test Date: 07/19/2012

Test Time: 11:33am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:34am 11:34am |
| FC | Pass | 11:34am |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:34am |
| SRC | Pass | 11:34am |
| DET | Pass | 11:34am |
| BAR | Pass | 11:34am |
| \mathtt{BT} | Pass | 11:34am |

Blank Tests

| Test | Status | Time |
|-------|--------|---------|
| A T D | Dagg | 11.35am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:35am |
| | CRC Tests | |
| Test | Status | Time |
| | | |

11:35am

11:35am

Preventive Maintenance Status: Pass

Pass

Pass

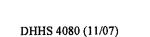
COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | NAKE Instrument Location APEX P.S.S. # 4 |
|--|--|
| Instrument Se | orial No. 008621 1615 E. WILLIAMS ST. APEX |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w | on the |
| THE STATE OF THE S | |



WAKE COUNTY APEX PD

Serial Number: 008621

Test Date: 07/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502

Exp Date: 08/23/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:57pm |
| AIR BLK | .00 | 3:58pm |
| ACCY CHK | .07 | 3:58pm |
| AIR BLK | .00 | 3:59pm |
| SUB TEST | .00 | 4:00pm |
| AIR BLK | .00 | 4:01pm |
| SUB TEST | .00 | 4:02pm |
| AIR BLK | .00 | 4:03pm |

Reported AC: .00 g/210L

Signature of

Chemical Analyst

Court CVR

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 1056
Test Date: 07/17/2012 Test Time: 4:06pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:07pm |
| FLO | Pass | 4:07pm |
| FC | Pass | 4:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:07pm |
| SRC | Pass | 4:07pm |
| DET | Pass | 4:07pm |
| BAR | Pass | 4:07pm |
| ВT | Pass | 4:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:08pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:08pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:08pm |
| CAL | Pass | 4:08pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | MARREN | Instrument Lo | ocation_ | WARREN | W. JAIL |
|--|--|--|------------|------------------------|--|
| Instrument Se | erial No. <u>008793</u> | HWY | 58 | WARREN | on, N.C. |
| The preventive four months a | re maintenance procedures for the I | ntoximeters, Mod | el Intox l | EC/IR II to be follow | ed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | | , or the a | lcoholic breath simul | ator thermometer shows |
| 2. | Verify instrument displays tim | e and date; | | | |
| 3. | Initiate breath test sequence; | | | | |
| 4. | Enter information as prompted | ; | | | |
| . 5. | Verify instrument accuracy; | | | | |
| 6. | When "PLEASE BLOW" app | When "PLEASE BLOW" appears, collect breath sample; | | | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | | | | |
| 8. | Print test record; | | | | |
| 9. | Verify Diagnostic Program; an | ıd | | | |
| 10. | Verify that the ethanol gas can simulator solution is being cha whichever occurs first. | | | | |
| procedures w | on the 6 day of 5 day of 6 day of 6 day of 7 day of 6 day of 7 day | dicated above, in a | iccordan | ce with current regula | reventive maintenance ations of the N.C. |
| COLETA STATE OF THE STATE OF TH | ON ORDER OF THE PARTY OF THE PA | Desuzy | ag Officia | | 652 Certificate Number |

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 07/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 12:38pm 12:38pm |
| ACCY CHK | .08 | 12:39pm |
| AIR BLK | .00 | 12:40pm |
| SUB TEST | .00 | 12:41pm |
| AIR BLK | .00 | 12:41pm |
| SUB TEST | .00 | 12:43pm |
| AIR BLK | .00 | 12:44pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 562

Test Date: 07/16/2012

Test Time: 12:45pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:45pm |
| FLO | Pass | 12:45pm |
| FC | Pass | 12:45pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 12:45pm |
| SRC | Pass | 12:45pm |
| DET | Pass | 12:45pm |
| BAR | Pass | 12:45pm |
| \mathtt{BT} | Pass | 12:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:46pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:46pm |
| | CRC Tests | · |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:46pm 12:46pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County V | IARREN Instrument Location NORLINA P.D. | | |
|--|--|--|--|
| Instrument Ser | ial No. 008945 101 MAIN ST. NORLINA, N.C. | | |
| The preventive four months are | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: | | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | | |
| 2. | Verify instrument displays time and date; | | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | | |
| procedures we | n the | | |
| THE STATE OF THE S | | | |

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 07/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 11:30am 11:31am 11:32am |
| AIR BLK SUB TEST | .00 | 11:33am 11:33am |
| AIR BLK SUB TEST | .00 .00 | 11:34am 11:36am |
| AIR BLK | .00 | 11:37am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 07/16/2012

Test Record Number: 229
Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:38am |
| FLO | Pass | 11:38am |
| FC | Pass | 11:39am |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:39am |
| SRC | Pass | 11:39am |
| DET | Pass | 11:39am |
| BAR | Pass | 11:39am |
| \mathtt{BT} | Pass | 11:39am |
| BAR | Pass | 11:39am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:39am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:39am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:39am |

Preventive Maintenance Status: Pass

Pass

11:39am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE | Instrument Location_ | W | AKE FO | REST P.D. |
|---|---|--|-------------------------|-----------------------------------|---|
| Instrument | Serial No. 008738 | 401 OWER | ST. | MAKE | FOREST, N |
| The preven | ntive maintenance procedures for the s are: | e Intoximeters, Model Intox | EC/IR I | I to be followe | d at least once every |
| 1. | Verify the ethanol gas canist 34 degrees, plus or minus .2 | | alcoholid | breath simula | itor thermometer shows |
| 2. | Verify instrument displays ti | me and date; | | | |
| 3. | Initiate breath test sequence; | | | | |
| 4. | Enter information as prompt | ed; | | | |
| 5. | Verify instrument accuracy; | | , | | |
| 6. | When "PLEASE BLOW" a | ppears, collect breath sample | le; | | |
| 7. | When "PLEASE BLOW" a | ppears, collect breath samp | le; | | |
| 8. | Print test record; | | | | |
| 9. | Verify Diagnostic Program; | and | | | |
| 10. | Verify that the ethanol gas c simulator solution is being c whichever occurs first. | anister is being changed bet hanged every four months o | fore expi or after 1 | ration date, or 25 Alcoholic E | the alcoholic breath Breath Simulator tests, |
| procedures | at on the day of were performed on the instrument at of Health and Human Services, an | indicated above, in accorda | nce with | current regula | reventive maintenance tions of the N.C. |
| THE CORENT OF THE CORE AT THE | | ignature of Certifying Office |) cial | | 552 ertificate Number |

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008738 Test Date: 07/12/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 3:20pm 3:21pm 3:21pm |
| AIR BLK | .00 | 3:21pm |
| SUB TEST | .00 | 3:23pm |
| AIR BLK | .00 | 3:24pm |
| SUB TEST | .00 | 3:25pm |
| AIR BLK | .00 | 3:26pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008738

Test Record Number: 222

Test Date: 07/12/2012

Test Time: 3:27pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 3:27pm 3:27pm |
| FC | Pass | 3:27pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 3:28pm |
| SRC | Pass | 3:28pm |
| DET | Pass | 3:28pm |
| BAR | Pass | 3:28pm |
| \mathtt{BT} | Pass | 3:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|-----------|
| ΔΤΡ | Dagg | 3 • 28 mm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:28pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 3:28pm |

Pass

3:28pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County \ | JAKE Instrument Location DETENTION CENTER |
|---|--|
| Instrument Se | erial No. 008686 3301 HAMMOND RD. RALEKH, N |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w Department of | on the |
| OKEAT STATE | |
| * ESSE QUAM V | WY CAME OSO |
| ţ | gnature of Certifying Official Certificate Number |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 07/11/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 10:43am 10:44am |
| ACCY CHK | .08 | 10:45am |
| AIR BLK | .00 | 10:46am |
| SUB TEST | .00 | 10:47am |
| AIR BLK | .00 | 10:48am |
| SUB TEST | .00 | 10:49am |
| AIR BLK | .00 | 10:50am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test
Test Date: 07/11/2012 Test

Test Record Number: 3476
Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:51am 10:51am |
| FC | Pass | 10:51am |

Temperature Tests

| Test | Status | Time |
|------------|--------------|--------------------|
| FC1 SRC | Pass Pass | 10:51am 10:51am |
| DET | Pass | 10:51am |
| BAR | Pass | 10:51am |
| BT | Pass | 10:51am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:52am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:52am |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 10:52am |
|------|------|---------|
| CAL | Pass | 10:52am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County L | Nake Instrument Location Bat Mobile Unit |
|--------------------------|---|
| Instrument S | erial No. <u>DO8736</u> |
| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the 13 day of 1, 20 2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| ONE STATI | Onya B Skyner Lyy Signature of Certifying Official Certificate Number |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 07/13/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| Test | g/210 L | Time |
|---------------------|----------------|--------------------|
| DIAG | Pass | 10:31pm |
| AIR BLK ACCY CHK | .00 .07 | 10:32pm |
| ACCI CHK | .07 | 10:33pm 10:33pm |
| SUB TEST | .00 | 10:34pm |
| AIR BLK | .00 | 10:35pm |
| SUB TEST | .00 | 10:36pm |
| AIR BLK | .00 | 10:37pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B 5 Kmn

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736

Test Record Number: 479

Test Date: 07/13/2012

Test Time: 10:38pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:39pm |
| FLO | Pass | 10:39pm |
| FC | Pass | 10:39pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:39pm |
| SRC | Pass | 10:39pm |
| DET | Pass | 10:39pm |
| BAR | Pass | 10:39pm |
| BT | Pass | 10:39pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:40pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:40pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:40pm |
| CAL | Pass | 10:40pm |

Preventive Maintenance Status: Pass

Donya B. Skyning

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
|-----------------|--|
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the 3 day of , 20 2 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Date: 07/13/2012

Test Record Number: 525
Test Time: 10:39pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:39pm 10:39pm |
| FC | Pass | 10:39pm |

Temperature Tests

| Test | Status | Time |
|--------------------------|----------------------|--|
| FC1 SRC DET BAR | Pass Pass Pass | 10:40pm 10:40pm 10:40pm 10:40pm |
| BT | Pass | 10:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:40pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:40pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:41pm |

Preventive Maintenance Status: Pass

Pass

10:41pm

CAL

Jonya B Skinnen

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Date: 07/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:29pm |
| AIR BLK | .00 | 10:30pm |
| ACCY CHK | .08 | 10:31pm |
| AIR BLK | .00 | 10:32pm |
| SUB TEST | .00 | 10:33pm |
| AIR BLK | .00 | 10:34pm |
| SUB TEST | .00 | 10:35pm |
| AIR BLK | .00 | 10:36pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Doya B Skinnin Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Dunit An Instrument Location 1347 MOBILE LIWIT |
|--|--|
| Instrument Se | erial No. 008698 Dun HAm |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. |
| I certify that of procedures we Department of | on theday of, 20/2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008698

Test Record Number: 826

Test Date: 07/07/2012

Test Time: 10:33pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:34pm |
| FLO | Pass | 10:34pm |
| FC | Pass | 10:34pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:34pm |
| SRC | Pass | 10:34pm |
| DET | Pass | 10:34pm |
| BAR | Pass | 10:34pm |
| BT | Pass | 10:34pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:35pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:35pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

Preventive Maintenance Status: Pass

Pass

Pass

10:35pm

10:35pm

COMP

Analyst

DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008698 Test Date: 07/07/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203

Exp Date: 03/23/2013

Time g/210L Test

| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .07 .00 | 9:47pm 9:48pm 9:48pm 9:49pm 9:50pm |
|--|---------------------------|--|
| AIR BLK SUB TEST AIR BLK | .00 | 9:51pm 9:52pm 9:53pm |

.00 g/210LReported AC:

& O. 811 -

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Wake Instrument Location BAT INDBILE CONS. T |
|--|--|
| Instrument Se | erial No. 00 \$600 RALEIGH |
| The preventive four months a | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w | on theday of, 20_/2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 1008

Test Date: 07/06/2012 Test Time: 12:12am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:12am |
| FLO | Pass | 12:12am |
| FC | Pass | 12:12am |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 12:12am |
| SRC | Pass | 12:12am |
| DET | Pass | 12:12am |
| BAR | Pass | 12:12am |
| \mathtt{BT} | Pass | 12:12am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:13am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:13am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:13am 12:13am |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 07/06/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 12:02am 12:03am |
| ACCY CHK | .08 | 12:03am |
| AIR BLK | .00 | 12:04am |
| SUB TEST | .00 | 12:06am |
| AIR BLK | .00 | 12:07am |
| SUB TEST | .00 | 12:09am |
| AIR BLK | .00 | 12:10am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE Instrument Location Bat MOBILE CONTT |
|--|--|
| Instrument (| Serial No. 008698 TEALER |
| The prevent four months | cive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. t on the |
| | were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| S STAN STAN STAN STAN STAN STAN STAN STA | Signature of Cartificial Cartificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 07/06/2012

Test Record Number: 817

Test Time: 12:13am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:13am |
| FLO | Pass | 12:13am |
| FC | Pass | 12:13am |

Temperature Tests

| Test | Status | Time |
|----------|--------|---------|
| FC1 | Pass | 12:14am |
| SRC | Pass | 12:14am |
| DET | Pass | 12:14am |
| BAR | Pass | 12:14am |
| ${f BT}$ | Pass | 12:14am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:14am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:14am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:14am |

Pass

12:14am

Preventive Maintenance Status: Pass

CAL

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 07/06/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 | 12:04am 12:05am 12:06am 12:07am |
| SUB TEST | .00 | 12:08am |
| AIR BLK | .00 | 12:08am |
| SUB TEST | .00 | 12:10am |
| ATR BLK | . 0.0 | 12:11am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | LUAKE Instrument Location BAT MODILE UNIT |
|--|--|
| Instrument Se | erial No. 008600 Raleion |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the |
| CREATE STATE OF THE STATE OF TH | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 07/07/2012

Test Record Number: 1015
Test Time: 12:23am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:23am 12:23am |
| FC | Pass | 12:23am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:23am |
| SRC | Pass | 12:23am |
| DET | Pass | 12:23am |
| BAR | Pass | 12:23am |
| BT | Pass | 12:23am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:24am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:24am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:24am |
| CAL | Pass | 12:24am |

Preventive Maintenance Status: Pass

Analyst

6. Illoga

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 07/07/2012

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G Permit Number: 9372E Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------------------|----------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 | 12:13am 12:14am 12:15am |
| AIR BLK | .00 | 12:16am |
| SUB TEST | .00 | 12:17am |
| AIR BLK | .00 | 12:17am |
| SUB TEST | .00 | 12:19am |
| AIR BLK | .00 | 12:20am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE Instrument Location BAT MOBILE Con. T 5 |
|--|--|
| Instrument Se | erial No. <u>008788</u> <u>RALEIGH</u> |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | on the |
| STATE ON THE STATE OF THE CONTROL OF | Signature of Certifying Official Certificate Number |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 07/07/2012

Test Record Number: 654
Test Time: 12:25am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:25am |
| FLO | Pass | 12:25am |
| FC | Pass | 12:25am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:25am |
| SRC | Pass | 12:25am |
| DET | Pass | 12:25am |
| BAR | Pass | 12:25am |
| BT | Pass | 12:25am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:26am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:26am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:26am |
| CAL | Pass | 12:26am |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 07/07/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

| Test | g/210L | Time |
|--|----------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .07 .00 .00 | 12:16am 12:17am 12:18am 12:19am 12:19a m |
| AIR BLK | .00 | 12:20am |
| SUB TEST | .00 | 12:23am |
| ATR BLK | .00 | 12:24am |

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE Instrument Location 139T MOBILE Con. T #3 |
|---|--|
| Instrument | Serial No. 008698 RALEIGH |
| The preven | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures Departmen | at on the |
| SEE GREAT SEE GIVEN | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698

Test Record Number: 821
Test Time: 12:40am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:40am |
| FLO | Pass | 12:40am |
| FC | Pass | 12:40am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:40am |
| SRC | Pass | 12:40am |
| DET | Pass | 12:40am |
| BAR | Pass | 12:40am |
| BT | Pass | 12:40am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:41am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:41am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:41am |
| CAL | Pass | 12:41am |

Preventive Maintenance Status: Pass

Analyst Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 07/07/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 12:32am 12:33am |
| ACCY CHK | .07 | 12:33am |
| AIR BLK | .00 | 12:34am |
| SUB TEST | .00 | 12:35am |
| AIR BLK | .00 | 12:36am |
| SUB TEST | .00 | 12:37am |
| AIR BLK | .00 | 12:38am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WARE Instrument Location BATMORIE Lear, The |
|--|---|
| Instrument S | erial No. 008600 Rolling. |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| . The seal Constraint | on the 15 day of Tul, 2012 the forgoing preventive maintenance |
| | on the |
| OTHE STATION OF THE S | North Called State of the |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 1039
Test Time: 12:14am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:15am 12:15am |
| | | |
| FC | Pass | 12:15am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:15am |
| SRC | Pass | 12:15am |
| DET | Pass | 12:15am |
| BAR | Pass | 12:15am |
| BT | Pass | 12:15am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:15am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:16am |
| | CRC Tests | |
| Test | Status | Time |

12:16am

12:16am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 07/15/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective: 10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|--|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 | 12:05am 12:06am 12:07am 12:08am 12:09am 12:10am |
| SUB TEST | .00 | 12:10am |
| AIR BLK | .00 | 12:13am |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Make Instrument Location /34T// | MOBILE UNIT |
|--|--|--|
| Instrument Seri | al No. 008698 Raftere | 7 |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be | followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade; | simulator thermometer shows |
| 2. | Verify instrument displays time and date; | • |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | • |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alcowhichever occurs first. | late, or the alcoholic breath bholic Breath Simulator tests, |
| | the | going preventive maintenance t regulations of the N.C. |
| THE STATE OF THE S | | 1 |
| TESE QUAM VIDEN | Signature of Certifying Official | Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 835 Test Date: 07/15/2012 Test Time: 12:17am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:17am |
| FLO | Pass | 12:17am |
| FC | Pass | 12:18am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:18am |
| SRC | Pass | 12:18am |
| DET | Pass | 12:18am |
| BAR | Pass | 12:18am |
| BT | Pass | 12:18am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:18am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:18am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:19am |
| CAL | Pass | 12:19am |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 07/15/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 12:09am 12:10am 12:11am |
| AIR BLK | .00 | 12:12am |
| SUB TEST | .00 | 12:12am |
| AIR BLK | .00 | 12:13am |
| SUB TEST | .00 | 12:15am |
| AIR BLK | .00 | 12:16am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Wake Instrument Location BAT MOBICE MINIT |
|---|--|
| Instrument Se | erial No. 008788 |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the/Sday of |
| STATE CHEAT STATE OF THE STATE | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788

Test Record Number: 668

Test Date: 07/15/2012

Test Time: 12:16am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:16am |
| FLO | Pass | 12:16am |
| FC | Pass | 12:16am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:16am |
| SRC | Pass | 12:16am |
| DET | Pass | 12:16am |
| BAR | Pass | 12:16am |
| BT | Pass | 12:16am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:17am |

Printer Tests

Status

Test

CAL

Time

12:17am

| PRNT | Pass | 12:17am |
|------|-----------|---------|
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:17am |

Preventive Maintenance Status: Pass

Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 07/15/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

| Test | g/210L | Time |
|----------|--------|------------|
| DIAG | Pass | 12:07am |
| AIR BLK | .00 | 12:08am |
| ACCY CHK | .07 | 12:09am |
| AIR BLK | .00 | 12:10am |
| SUB TEST | .00 | 12:10am |
| AIR BLK | .00 | 12:11am |
| SUB TEST | .00 | 12:13am |
| ATR RIK | 0.0 | 12 · 14 am |

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE Instrument Location BAT MOBILE WIT |
|--|--|
| Instrument Ser | ial No. CO flo DD RALEIGH |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | n the |
| THE STATE OF THE S | |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1030 Test Date: 07/13/2012 Test Time: 11:29pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:29pm |
| FLO | Pass | 11:29pm |
| FC | Pass | 11:29pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:29pm |
| SRC | Pass | 11:29pm |
| DET | Pass | 11:29pm |
| BAR | Pass | 11:29pm |
| \mathtt{BT} | Pass | 11:29pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:30pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:30pm |
| | CRC Tests | |
| Test | Status | Time |

Chatas Mimo

| 1000 | Scacas | 11110 |
|------|--------|---------|
| COMP | Pass | 11:30pm |
| CAL | Pass | 11:30pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 07/13/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective: 10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|---------------------|------------|--------------------|
| DIAG | Pass | 11:19pm |
| AIR BLK ACCY CHK | .00 .08 | 11:20pm |
| ACCI CAR | .00 | 11:21pm 11:22pm |
| SUB TEST | | 11:23pm |
| AIR BLK | .00 | 11:24pm |
| SUB TEST | .00 | 11:26pm |
| AIR BLK | .00 | 11:27pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE Instrument Location BAT MOBILE CONT |
|---|---|
| Instrument Seria | al No. 008698 Rolling |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of I | the 13 day of 10, 20/2 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| OTHE STATE OF THE | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Test Record Number: 828
Test Time: 11:31pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:32pm |
| FLO | Pass | 11:32pm |
| FC | Pass | 11:32pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:32pm |
| SRC | Pass | 11:32pm |
| DET | Pass | 11:32pm |
| BAR | Pass | 11:32pm |
| BT | Pass | 11:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:32pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:32pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:33pm |
| CAL | Pass | 11:33pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 07/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:23pm |
| AIR BLK | .00 | 11:24pm |
| ACCY CHK | .08 | 11:24pm |
| AIR BLK | .00 | 11:25pm |
| SUB TEST | .00 | 11:26pm |
| AIR BLK | .00 | 11:27pm |
| SUB TEST | .00 | 11:28pm |
| ATR BLK | . 00 | 11:29pm |

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAVE Instrument Location BAT MOBILE CENT |
|--|---|
| Instrument | Serial No. COSTS RALECT |
| The preven | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify the procedures Departmen | at on the, 20/2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly. |
| COREAT SERVICE | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788

Test Record Number: 662

Test Date: 07/13/2012

Test Time: 11:30pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:30pm |
| FLO | Pass | 11:30pm |
| FC | Pass | 11:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:30pm |
| SRC | Pass | 11:30pm |
| DET | Pass | 11:30pm |
| BAR | Pass | 11:30pm |
| BT | Pass | 11:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:31pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:31pm |
| | CRC Tests | |
| Test | Status | Time |

| ss 11:31pm ss 11:31pm |
|--------------------------|
| |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 07/13/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

| Test | g/210L | Time |
|--|---------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .07 .00 | 11:21pm 11:22pm 11:23pm 11:24pm 11:25pm |
| AIR BLK | .00 | 11:26pm |
| SUB TEST | .00 | 11:28pm |
| AIR BLK | .00 | 11:29pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_/ | LECKLENBURG Instrument Location BAT | MOBILE UNIT 3 | |
|--|--|--|--|
| Instrument S | Gerial No. 008616 CHA | RLOTTE NC | |
| The prevent | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to are: | be followed at least once every | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade; | eath simulator thermometer show | |
| 2. | Verify instrument displays time and date; | | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first. | | |
| I certify that procedures w Department of | on the 12 day of 5027, 2012 the force performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly | forgoing preventive maintenance tent regulations of the N.C. | |
| CREAT STATE OF STATE STA | SA CAROLLINA CAR | | |
| APRIL 12, 07 | Signature of Certifying Official | Certificate Number | |
| | Signature of Centrying Official | Certificate Hulling | |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 07/12/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

| Test | g/210L | Time |
|---------|-------------------|--|
| AIR BLK | .00 .00 .00 | 11:06pm 11:07pm 11:08pm 11:08pm 11:10pm 11:12pm |
| HTY DIV | .00 | 11:13pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 1421 Test Date: 07/12/2012 Test Time: 11:13pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:14pm |
| FLO | Pass | 11:14pm |
| FC | Pass | 11:14pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 11:14pm 11:14pm 11:14pm 11:14pm 11:14pm |
| | | - |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:14pm |

Printer Tests

| rest | Status | TIME |
|------|-----------|---------|
| PRNT | Pass | 11:15pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:15pm |

11:15pm

Preventive Maintenance Status: Pass

Pass

CAL

- Kay Bus

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | MECKLENBURG Instrument Location BRT MOBILE UNIT 3 |
|---|--|
| Instrumen | Serial No. 008707 CHARLOTE, NC |
| | |
| The preve | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| . 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify th procedures Departmen | at on the 12 day of 504, 2012 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly. |
| GREAT SE | AFF ON THE STATE OF THE STATE O |
| ON SOL OU | Www. 648 |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 07/12/2012

Citation Number: M000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test | g/210L | Time |
|---------------------|--------|--------------------|
| DIAG | Pass | 11:02pm |
| AIR BLK ACCY CHK | .00 | 11:03pm 11:04pm |
| AIR BLK | 00 | 11:05pm |
| SUB TEST | .00 | 11:05pm |
| AIR BLK | .00 | 11:06pm |
| SUB TEST | .00 | 11:07pm |
| AIR BLK | , 00 | 11:08pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Reconstruction Test Date: 07/12/2012 Test Times

Test Record Number: 1484 Test Time: 11:09pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:09pm 11:09pm |
| FC | Pass | 11:09pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:10pm |
| SRC | Pass | 11:10pm |
| DET | Pass | 11:10pm |
| BAR | Pass | 11:10pm |
| \mathtt{BT} | Pass | 11:10pm |
| | | · · · - |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| • | | |
| AIR | Pass | 11:10pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:10pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:10pm |

Preventive Maintenance Status: Pass

Pass

11:10pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County ME | CKLENBURG | Instrument Location_ | BAT MOBILE | UNIT |
|--|--|---|--|---------------------------|
| Instrument Seri | al No. <u>008647</u> | | CHARLOTTE | , NC |
| The preventive four months are | maintenance procedures for the In | toximeters, Model Intox | EC/IR II to be followed at lea | st once every |
| 1. | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg | | lcoholic breath simulator ther | mometer shows |
| 2. | Verify instrument displays time | and date; | • | |
| 3. | Initiate breath test sequence; | | | |
| 4. | Enter information as prompted; | | | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" appe | ars, collect breath sample | ; | |
| 7. | When "PLEASE BLOW" appe | ars, collect breath sample | ; | |
| 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program; and | | | |
| 10. | Verify that the ethanol gas canis simulator solution is being chan whichever occurs first. | | | |
| I certify that on procedures were Department of I | the 12 day of 50 e performed on the instrument indi- Health and Human Services, and the | icated above, in accordance instrument is functioni | 12 the forgoing preventive with current regulations of the properly. | e maintenance the N.C. |
| THE STATE OF MAN 20, 1776 APRIL 2, 1784 APRIL 2, 1784 | Sign | Ray San | Cortificat | |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 07/12/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test | g/210L | Time |
|-----------------------------|------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass | 11:39pm 11:40pm |
| AIR BLK SUB TEST | .07 .00 | 11:40pm 11:41pm 11:42pm |
| AIR BLK SUB TEST | .00 | 11:43pm |
| AIR BLK | .00 | 11:45pm 11:45pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 1426 Test Date: 07/12/2012 Test Time: 11:46pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:46pm |
| FLO | Pass | 11:46pm |
| FC | Pass | 11:46pm |

Temperature Tests

| Test | Status | Time |
|------------|--------------|--------------------|
| FC1 SRC | Pass Pass | 11:46pm 11:46pm |
| DET | Pass | 11:46pm |
| BAR | Pass | 11:46pm |
| ${f BT}$ | Pass | 11:46pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:47pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:47pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:47pm 11:47pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

| County_ | SVILLORA Instrument Location GREENS DURO JA: |
|---|--|
| Instrument S | erial No. <u>008794</u> |
| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures v Department | on the |
| O'NE STAT, | Signature of Certifying Official Certificate Number |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 07/11/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 3:51pm 3:51pm 3:52pm |
| AIR BLK SUB TEST | .00 | 3:53pm 3:53pm |
| AIR BLK SUB TEST | .00 | 3:54pm 3:56pm |
| ATR BLK | .00 | 3:56pm |

Reported AC: .00 g/210L

Signaturé of Chemical Analyst

Court CVR

Analyst Dean

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794

Test Record Number: 2337

Test Date: 07/11/2012

Test Time: 3:58pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FIO | Pass Pass | 3:59pm 3:59pm |
| FC | Pass | 3:59pm |

Temperature Tests

| Status | Time |
|--------|----------------------|
| Pass | 3:59pm |
| | Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:00pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 4:00pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 4:00pm 4:00pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County S | INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location (Secons bovo A) |
|----------------|--|
| Instrument Se | rial No. <u>008790</u> |
| The preventiv | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the |
| A SEE GLAM NO. | Signature of Certifying Official Certificate Number |

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 07/11/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test | g/210L | Time |
|-----------------------------|------------|------------------|
| DIAG AIR BLK ACCY CHK | Pass | 3:25pm 3:25pm |
| ACCY CHR | .07 .00 | 3:26pm 3:27pm |
| SUB TEST | .00 | 3:27pm |
| AIR BLK | .00 | 3:28pm |
| SUB TEST | .00 | 3:30pm |
| AIR BLK | .00 | 3:31pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 07/11/2012 Test Record Number: 3119
Test Time: 3:31pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:31pm |
| FLO | Pass | 3:31pm |
| FC | Pass | 3:32pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 3:32pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:32pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 3:32pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 3:32pm 3:32pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 07/10/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Efforting.

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125602 Exp Date: 09/13/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 1:35pm 1:36pm 1:37pm |
| AIR BLK SUB TEST | .00 .00 | 1:38pm 1:38pm |
| AIR BLK | .00 | 1:39pm |
| SUB TEST AIR BLK | .00 .00 | 1:41pm 1:42pm |
| TIV DIV | .00 | ******** |

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst Seen

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 1008 Test Date: 07/10/2012 Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------------|--------|--------|
| IR | Pass | 1:43pm |
| ${	t FLO}$ | Pass | 1:43pm |
| FC | Pass | 1:43pm |

Temperature Tests

| Test Status Time | 2 |
|------------------|-----|
| FC1 Pass 1:43 | 3pm |
| SRC Pass 1:43 | 3pm |
| DET Pass 1:43 | 3pm |
| BAR Pass 1:43 | 3pm |
| BT Pass 1:43 | 3pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:44pm |

Printer Tests

| Test | Status | Time |
|----------|--------------|------------------|
| PRNT | Pass | 1:44pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:44pm 1:44pm |

Preventive Maintenance Status: Pass

Hum Dien Analyst

| And the Control of th | PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II |
|--|---|
| County | AVIDSON Instrument Location DAVIDSON CO JAIL |
| Instrument So | erial No. 008845 Lexingrow, N.C. |
| The prevention four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the day of July, 20/2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE COLETA | LATION GAZ |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 07/10/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125603 Exp Date: 09/13/2013

| Test | g/210L | Time |
|---|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .08 .00 .00 .00 | 2:44pm 2:45pm 2:45pm 2:47pm 2:47pm 2:48pm 2:50pm |
| AIR BLK | .00 | 2:51pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 1214
Test Date: 07/10/2012 Test Time: 2:51pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:52pm |
| FLO | Pass | 2:52pm |
| FC | Pass | 2:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:52pm |
| SRC | Pass | 2:52pm |
| DET | Pass | 2:52pm |
| BAR | Pass | 2:52pm |
| BT | Pass | 2:52pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:52pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:52pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 2:53pm |

Preventive Maintenance Status: Pass

Pass

2:53pm

CAL

J. Kein Dean Analyst

PREVENTIVE MAINTENANCE RECORDA INTOXIMETERS, MODEL INTOX EC/IR II

| County | Avidson Instrument Location Thomasville Police |
|--|--|
| Instrument Se | AVIDSON Instrument Location Thomasville Police orial No. 008872 Department |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w Department c | on the |
| STATE STATE OF THE | |

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 07/10/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125603 Exp Date: 09/13/2013

| g/210L | Time |
|--------------------|----------------------------|
| Pass .00 .07 | 3:48pm 3:49pm 3:49pm |
| .00 | 3:50pm |
| .00 | 3:51pm |
| .00 | 3:52pm |
| .00 | 3:54pm |
| .00 | 3:55pm |
| | .00 .07 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Record Number: 913

Test Date: 07/10/2012

Test Time: 3:56pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:56pm |
| FLO | Pass | 3:56pm |
| FC | Pass | 3:56pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:56pm |
| SRC | Pass | 3:56pm |
| DET | Pass | 3:56pm |
| BAR | Pass | 3:56pm |
| BT | Pass | 3:56pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:57pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:57pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 3:57pm |

3:57pm

Preventive Maintenance Status: Pass

Pass

CAL

L'Hun Dean Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location BAF Whole Chrit 4 Instrument Serial No. 2037/ The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the ______day of _______, 20____the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717 Test Date: 07/06/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:08pm |
| AIR BLK | .00 | 11:09pm |
| ACCY CHK | .07 | 11:09pm |
| AIR BLK | .00 | 11:10pm |
| SUB TEST | .00 | 11:11pm |
| AIR BLK | .00 | 11:12pm |
| SUB TEST | .00 | 11:14pm |
| AIR BLK | .00 | 11:14pm |

Reported AC: .00

 $.00 \, g/210L$

Signature of Chemical Analyst

Court CVR

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717 Test Date: 07/06/2012 Test Record Number: 285
Test Time: 11:17pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:18pm 11:18pm |
| FC | Pass | 11:18pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:18pm |
| SRC | Pass | 11:18pm |
| DET | Pass | 11:18pm |
| BAR | Pass | 11:18pm |
| \mathtt{BT} | Pass | 11:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:19pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:19pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:19pm |

11:19pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location BAT Mobile Chrit 4 Instrument Serial No. 008739 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. _____, 20/2 the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008734 Test Date: 07/06/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 11:05pm 11:06pm |
| ACCY CHK | .07 | 11:06pm |
| AIR BLK | .00 | 11:07pm |
| SUB TEST | .00 | 11:08pm |
| AIR BLK | .00 | 11:09pm |
| SUB TEST | .00 | 11:10pm |
| ATR BLK | . 00 | 11:11pm |

Reported AC: ,00 g

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008734 Test Date: 07/06/2012 Test Record Number: 552
Test Time: 11:13pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:13pm 11:13pm |
| FC | Pass | 11:14 pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:14pm |
| SRC | Pass | 11:14pm |
| DET | Pass | 11:14pm |
| BAR | Pass | 11:14pm |
| \mathtt{BT} | Pass | 11:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:14pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:14pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:14pm |

Preventive Maintenance Status: Pass

Pass

11:14pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. (1) The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Numbe

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008717 Test Date: 07/07/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:25pm |
| AIR BLK | .00 | 9:26pm |
| ACCY CHK | .07 | 9:27pm |
| AIR BLK | .00 | 9:28pm |
| SUB TEST | .00 | 9:28pm |
| AIR BLK | .00 | 9:29pm |
| SUB TEST | .00 | 9:30pm |
| AIR BLK | .00 | 9:31pm |

Reported AC: 90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008717 Test Record Number: 287

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 9:33pm 9:33pm |
| FC | Pass | 9:33pr |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:33pm |
| SRC | Pass | 9:33pm |
| DET | Pass | 9:33pm |
| BAR | Pass | 9:33pm |
| BT' | Pass | 9:33pm |

Blank Tests

| Test | Status | TIME |
|------|--------|--------|
| AIR | Pass | 9:34pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:34pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:34pm |
| CAL | Pass | 9:34pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD TOXIMETERS, MODEL INTOX EC/IR II Instrument Location BAT Mobile UN. 74 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008734 Test Date: 07/07/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

| Test | g/210L | Time |
|--|---------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .07 .00 | 9:20pm 9:21pm 9:22pm 9:22pm 9:24pm |
| AIR BLK SUB TEST | .00 .00 | 9:25pm 9:26pm |
| AIR BLK | .00 | 9:27pm |

Reported AC: /00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008734 Test Date: 07/07/2012 Test Record Number: 554
Test Time: 9:29pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:29pm |
| FLO | Pass | 9:29pm |
| FC | Pass | 9:29pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 9:29pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:30pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 9:30pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:30pm 9:30pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Bosufort Co Instrument Location BAT Mobile Unit 4 |
|--------------|--|
| Instrument S | erial No. 2088 / / |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the |
| OTHE STATI | |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008871 Test Date: 07/07/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test | g/210L | Time |
|----------|--------|----------|
| DIAG | Pass | 9:22pm |
| AIR BLK | .00 | 9:23pm |
| ACCY CHK | .07 | 9:23pm |
| AIR BLK | .00 | 9:24pm |
| SUB TEST | .00 | 9:25pm |
| AIR BLK | .00 | 9:26pm |
| SUB TEST | .00 | 9:28pm |
| ATP BLK | 0.0 | 9 · 29nm |

Reported AC; 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008871 Test Date: 07/07/2012 Test Record Number: 510
Test Time: 9:15pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|-----------------|
| IR | Pass | 9:16pm |
| FLO | Pass | 9:1 6 pm |
| FC | Pass | 9:16pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:16pm |
| SRC | Pass | 9:16pm |
| DET | Pass | 9:16pm |
| BAR | Pass | 9:16pm |
| BT | Pass | 9:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:17pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:17pm |
| | CRC Tests | |
| Test | Status | Time |

| 1000 | | |
|------|------|--------|
| COMP | Pass | 9:17pm |
| CAL | Pass | 9:17pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | / INTOXINETERS, MODEL INTOX ECONO |
|--|--|
| County | SOBESON Instrument Location ST. Pauls Police DEPT. |
| Instrument Se | orial No. 008814 St. Pauls, NC |
| The preventive four months a | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w | on the <u>0</u> <u>S</u> day of <u>000</u> , 20 <u>12</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | 371 371 |
| . • | Signature of Certifying Official Certificate Number |

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 07/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124904 Exp Date: 09/06/2013

| Test | g/210L | Time |
|-----------------|-------------|--------------------|
| DIAG AIR BLK | Pass .00 | 12:30pm 12:30pm |
| ACCY CHK | .07 | 12:31pm |
| AIR BLK | .00 | 12:32pm |
| SUB TEST | .00 | 12:33pm |
| AIR BLK | .00 | 12:33pm |
| SUB TEST | .00 | 12:35pm |
| AIR BLK | 00 | 12:36pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Record Number: 354
Test Date: 07/03/2012 Test Time: 12:38pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-------|--------|---------|
| N. | | |
| IR | Pass | 12:38pm |
| FLO . | Pass | 12:38pm |
| FC | Pass | 12:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:38pm |
| SRC | Pass | 12:38pm |
| DET | Pass | 12:38pm |
| BAR | Pass | 12:38pm |
| BT | Pass | 12:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:39pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:39pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:39pm 12:39pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| are were | INTOXINETERS, MODEL INTOXICATION |
|---|--|
| County / | Instrument Location PEMBROKE POLICE DEPT. |
| Instrument Seria | INO. 008837 PEMBROKE, NC |
| | |
| The preventive if four months are: | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of I | the 03 day of 000 , 2012 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| CREAT STATE OF STATE | CAROLLI CAROLL |
| APRIL 12. 172 | Signature of Certifying Official Certificate Number |

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 07/03/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106701 Exp Date: 03/08/2013

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:47am |
| AIR BLK | .00 | 10:48am |
| ACCY CHK | .07 | 10:49am |
| AIR BLK | .00 | 10:50am |
| SUB TEST | .00 | 10:50am |
| AIR BLK | .00 | 10:51am |
| SUB TEST | .00 | 10:53am |
| ATR BIK | 0.0 | 10.54am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 333 Test Date: 07/03/2012 Test Time: 10:55am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:55am 10:55am |
| FC | Pass | 10:55am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:56am |
| SRC | Pass | 10:56am |
| DET | Pass | 10:56am |
| BAR | Pass | 10:56am |
| BT | Pass | 10:56am |

Blank Tests

| rest | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:56am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:56am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:56am 10:56am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMET | ERS, MODEL INTOX EC/IR II |
|-----------|---|---|
| County | LOBESON | Instrument Location SEDSPRIALS BLICE DOT |
| Instrumen | nt Serial No. <u>008857</u> | Reo Springs NC |
| The preve | • | e Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canist 34 degrees, plus or minus .2 | er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade; |
| 2. | Verify instrument displays ti | me and date; |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompto | ed; |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" ap | ppears, collect breath sample; |
| 7. | When "PLEASE BLOW" ap | ppears, collect breath sample; |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; | and |
| 10. | | anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests, |
| procedure | | the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly. |
| CARLY ST. | TATE OF A CONTROL OF THE CONTROL OF | |
| | | ighature of Certifying Official Certificate Number |

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 07/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG106701 Exp Date: 03/08/2013

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 9:53am |
| AIR BLK | .00 | 9:54am |
| ACCY CHK | .07 | 9:55am |
| AIR BLK | .00 | 9:56am |
| SUB TEST | .00 | 9:56am |
| AIR BLK | .00 | 9:57am |
| SUB TEST | .00 | 9:59am |
| AIR BLK | .00 | 10:00am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 280 Test Date: 07/03/2012 Test Time: 10:00am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:01am |
| FLO | Pass | 10:01am |
| FC | Pass | 10:01am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:01am |
| SRC | Pass | 10:01am |
| DET | Pass | 10:01am |
| BAR | Pass | 10:01am |
| BT | Pass | 10:01am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:02am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:02am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:02am |

Preventive Maintenance Status: Pass

Pass

10:02am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County <u>()</u> | Moore Instrument Location Pinish unst tolice C | <u>)</u> 41 |
|------------------|--|-------------|
| Instrument S | Serial No. 008710 Piniphurst, NC | _ |
| The preventi | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: | у |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade; | ows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. | n sts, |
| procedures | at on the | nce |
| STA STA | ATE OF A CONTROL O | |
| A SEE CHAP | Signature of Certifying Official Certificate Number | |

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 07/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

| Test | g/210L | Time |
|-----------------------------|--------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 11:24am 11:24am 11:25am |
| AIR BLK | .00 | 11:26am |
| SUB TEST | .00 | 11:26am |
| AIR BLK | .00 | 11:27am |
| SUB TEST | .00 | 11:29am |
| AIR BLK | .00 | 11:30am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 843

Test Time: 11:32am EDT Test Date: 07/02/2012

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:32am |
| FLO | Pass | 11:32am |
| FC | Pass | 11:32am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:32am |
| SRC | Pass | 11:32am |
| DET | Pass | 11:32am |
| BAR | Pass | 11:32am |
| BT | Pass | 11:32am |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

AIR 11:33am Pass

Printer Tests

| Test | Status | Time |
|------|--------|------|
| Tebr | blatus | T |

PRNT Pass 11:33am

CRC Tests

Test Status Time

COMP Pass 11:33am 11:33am CAL Pass

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County M | OOR Instrument Location Southern Prives Police D |
|--|--|
| Instrument Ser | rial No. 008720 Southern Pivos Nc |
| The preventive four months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w | on the |
| THE STATE OF THE S | |

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 07/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102602 Exp Date: 01/26/2013

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 12:38pm 12:38pm |
| ACCY CHK | .07 | 12:39pm |
| AIR BLK | .00 | 12:40pm |
| SUB TEST | .00 | 12:40pm |
| AIR BLK | .00 | 12:42pm |
| SUB TEST | .00 | 12:43pm |
| ATR BLK | 0.0 | 12.44 pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 07/02/2012

Test Record Number: 598
Test Time: 12:45pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR | Pass | 12:45pm |
| FLO FC | Pass Pass | 12:45pm 12:45pm |
| T. C | Labb | |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 12:45pm |
| SRC | Pass | 12:45pm |
| DET | Pass | 12:45pm |
| BAR | Pass | 12:45pm |
| \mathtt{BT} | Pass | 12:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:46pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:46pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:46pm 12:46pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | MECKLENBURG | Instrument Location BAT MOBILE UNIT 3 |
|---------------------------------------|--|---|
| Instrumen | t Serial No. <u>CO8616</u> | CHARLOTTE, NC |
| The preve | | for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas a degrees, plus or min | canister displays pressure, or the alcoholic breath simulator thermometer shows us .2 degree centigrade; |
| 2. | Verify instrument disp | lays time and date; |
| 3. | Initiate breath test sequ | ience; |
| 4. | Enter information as pr | rompted; |
| 5. | Verify instrument accu | racy; |
| 6. | When "PLEASE BLO" | W" appears, collect breath sample; |
| 7. | When "PLEASE BLO" | W" appears, collect breath sample; |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Prog | gram; and |
| 10. | Verify that the ethanol simulator solution is b whichever occurs first. | gas canister is being changed before expiration date, or the alcoholic breath eing changed every four months or after 125 Alcoholic Breath Simulator tests, |
| I certify to procedure Departme | hat on the <u>3</u> day of es were performed on the instruent of Health and Human Service | TULY, 20 12 the forgoing preventive maintenance ment indicated above, in accordance with current regulations of the N.C. ces, and the instrument is functioning properly. |
| BY CAREAT SEA | STATE OF AUGUST AND AU | Ray Bens 648 Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 07/03/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE*

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:20pm |
| AIR BLK | .00 | 4:21pm |
| ACCY CHK | .07 | 4:21pm |
| AIR BLK | .00 | 4:22pm |
| SUB TEST | .00 | 4:23pm |
| AIR BLK | .00 | 4:24pm |
| SUB TEST | .00 | 4:26pm |
| AIR BLK | .00 | 4:27pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Un Ray B-s Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616

Test Record Number: 1410 Test Time: 4:30pm EDT

Test Date: 07/03/2012

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR. | Pass | 4:30pm |
| FLO | Pass | 4:30pm |
| FC | Pass | 4:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:30pm |
| SRC | Pass | 4:30pm |
| DET | Pass | 4:30pm |
| BAR | Pass | 4:30pm |
| BT | Pass | 4:30pm |

Blank Tests

| Test | Statu | s Time |
|------|------------------------------|-----------------------------------|
| | | |
| AIR | Pass | 4:31pm |
| | and the second of the second | orași a la comunică de la Divini, |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:31pm |
| | CRC Tests | , · |

| Test | Status Time |
|------|-------------|
| COMP | Pass 4:31pm |
| CAL | Pass 4:31pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | MECKLENBURG | Instrument Locatio | n BAT MOBILE UNIT 3 |
|---------------------------------------|---|--|---|
| Instrument | Serial No. <u> </u> | 7 | CHARLOTTE, NC |
| The prever | | es for the Intoximeters, Model Into | ox EC/IR II to be followed at least once every |
| 1. | | as canister displays pressure, or the | ne alcoholic breath simulator thermometer shows |
| 2. | Verify instrument di | splays time and date; | |
| 3. | Initiate breath test se | quence; | |
| 4. | Enter information as | prompted; | |
| 5. | Verify instrument ac | euracy; | |
| 6. | When "PLEASE BL | OW" appears, collect breath sam | ple; |
| 7. | When "PLEASE BL | OW" appears, collect breath sam | nple; |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Pr | rogram; and | |
| 10. | Verify that the ethan simulator solution is whichever occurs fir | being changed every four month | before expiration date, or the alcoholic breath is or after 125 Alcoholic Breath Simulator tests, |
| I certify the procedures Department | aat on the <u>3</u> day of swere performed on the instant of Health and Human Ser | of JOLY trument indicated above, in accorvices, and the instrument is function | 20 12 the forgoing preventive maintenance dance with current regulations of the N.C. ioning properly. |
| S S S S S S S S S S S S S S S S S S S | CATE OF NO POLICE | un Ray Bames | 648 Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: Q7/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:06pm |
| AIR BLK | .00 | 4:07pm |
| ACCY CHK | .08 | 4:08pm |
| AIR BLK | .00 | 4:09pm |
| SUB TEST | .00 | 4:10pm |
| AIR BLK | .00 | 4:11pm |
| SUB TEST | .00 | 4:13pm |
| AIR BLK | .00 | 4:14pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 1468

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| IR | Pass | 4:15pm |
| FLO | Pass | 4:15pm |
| FC | Pass | 4:15pm |

Temperature Tests

| Test | Status Time | | | |
|------|-------------|--------|--|--|
| FC1 | Pass | 4:15pm | | |
| SRC | Pass | 4:15pm | | |
| DET | Pass | 4:15pm | | |
| BAR | Pass | 4:15pm | | |
| BT | Pass | 4:15pm | | |

Blank Tests

| Test | 12.32 | Status | ٠. | Tin | ne |
|------|-------|--------|----|-----|----|
| | | | | | |
| | | | | | |

AIR Pass 4:16pm

Printer Tests

| Test | 4 4 | S | tat | us | 7 | 'ime | |
|---------------|-----|-----|-----|-----|-------|----------|--|
| 15 No. 15 Per | | 100 | | 200 | | Grand in | |
| | | | | | 11.11 | 44,1 | |

4:16pm PRNT Pass

CRC Tests

| Test | Status | Time |
|------|--------|------|
| | | |

Pass 4:16pm COMP 4:16pm CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | IREDELL | Instrument Location | BAT MOBILE UNIT 3 |
|--|---|--|--|
| Instrument Se | rial No. <u>008647</u> | | MOORESVILLE, NC |
| The preventiv | | e Intoximeters, Model Intox I | EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canist 34 degrees, plus or minus .2 | | Icoholic breath simulator thermometer show |
| 2. | Verify instrument displays ti | me and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompt | ed; | |
| 5. | Verify instrument accuracy; | • | |
| 6. | When "PLEASE BLOW" ap | opears, collect breath sample | , |
| 7. | When "PLEASE BLOW" ap | opears, collect breath sample | • |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; | and | |
| 10. | Verify that the ethanol gas consimulator solution is being considered whichever occurs first. | anister is being changed befor hanged every four months or | re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests |
| I certify that of procedures we Department of | on the | ロムイ , 20_ indicated above, in accordance d the instrument is functioni | the forgoing preventive maintenance with current regulations of the N.C. ng properly. |
| SEE CHANNEL TO THE STATE OF THE SEE STAT | Chan R | cy Benesignature of Certifying Offici | 648 |
| | S | ignature of Certifying Officia | al Certificate Number |

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008647 Test Date: 07/04/2012

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:13pm |
| AIR BLK | .00 | 3:14pm |
| ACCY CHK | .07 | 3:15pm |
| AIR BLK | .00 | 3:16pm |
| SUB TEST | .00 | 3:16pm |
| AIR BLK | .00 | 3:17pm |
| SUB TEST | .00 | 3:19pm |
| AIR BLK | 00 | 3:20pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Che Rayst

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008647 Test Record Number: 1413 Test Date: 07/04/2012 Test Time: 3:20pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| IR | Pass | 3:20pm |
| FLO | Pass | 3:20pm |
| FC | Pass | 3:21pm |

Temperature Tests

| Test | Status | Time |
|-----------|--------|--------|
| FC1 | Pass | 3:21pm |
| SRC | Pass | 3:21pm |
| DET | Pass | 3:21pm |
| BAR | Pass | 3:21pm |
| ${ m BT}$ | Pass | 3:21pm |

Blank Tests

| Tes | | c+ | atus | ា | 'ime |
|---------------|---------|-------|------|---|--------|
| Tes | | IJυ | acus | | , EHR) |
| | | | | | |
| AIR | | Pa | SS | | :21pm |
| 4. (2.17.7.7) | | 海州 国闪 | | | |

Printer Tests

| Test | Status | Ti | ne |
|------------|--------|-------------|---------------|
| | | rja u Jim | 1.04 |
| | | 10 m | and Albertain |
| PRNT | Pass | 3: | 21pm |
| 시기를 가지다니다. | | | |
| | | a Walanta a | |

CRC Tests

| Test | Status | Time |
|------|--|--------|
| | unto por escolate por tra Por esta ⊇as esta forma | |
| COMP | Pass | 3:22pm |
| CAL | Pass | 3:22pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County . | DAVIDSON Instrument Location BAT NOBILE ONIT |
|---|---|
| Instrument S | DAVIDSON Instrument Location BAT MOBILE UNIT SOUTHMONT, NC |
| The prevention | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that procedures v Department | on the |
| TATE OF THE STATE | Mary Barry Signature of Certifying Official Certificate Number |

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647 Test Date: 07/07/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| g/210L | lime |
|--------|---|
| Pass | 7:55pm |
| .00 | 7:56pm |
| . 07 | 7:57pm |
| .00 | 7:58pm |
| .00 | 7:58pm |
| .00 | 7:59pm |
| .00 | 8:01pm |
| .00 | 8:02pm |
| | Pass .00 .07 .00 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647

Test Record Number: 1419

System Check: Passed

Baseline Tests

| Test | Status | Time |
|--|--------|--------|
| The second of th | | |
| IR | Pass | 8:03pm |
| FLO | Pass | 8:03pm |
| FC | Pass | 8:03pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:03pm |
| SRC | Pass | 8:03pm |
| DET | Pass | 8:03pm |
| BAR | Pass | 8:03pm |
| BT | Pass | 8:03pm |
| | | |

Blank Tests

| Test | r 7 - X | Stat | us | Time | |
|------|---------|------|----|-------|-----|
| | | | | | Ę.) |
| AIR | | Pass | | 8:03p | m |

Printer Tests

| Test | Stati | ıs T: | ıme |
|----------------|-------|-------|--------|
| vela gala kuwa | | 化环烷基的 | |
| | | | 0.4.55 |
| PRNT | Pass | • | :04pm |

CRC Tests

| Test St | tatus Time | |
|---------|------------------------|--|
| | ass 8:04p ass 8:04p | |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | DAVIDSON Instrument Location BAT MOBILE UNIT |
|--|--|
| Instrument Ser | ial No. OO8707 Instrument Location BAT MOBILE UNIT. Southmont, NC |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that o procedures we Department of | n the |
| STATE OF STA | |

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008707 Test Date: 07/07/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:58pm |
| AIR BLK | .00 | 7:59pm |
| ACCY CHK | .08 | 8:00pm |
| AIR BLK | .00 | 8:00pm |
| SUB TEST | .00 | 8:01pm |
| AIR BLK | 00 | 8:02pm |
| SUB TEST | 00 | 8:04pm |
| AIR BLK | .00 | 8:05pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008707 Test Record Number: 1477
Test Date: 07/07/2012 Test Time: 8:05pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:05pm |
| FLO | Pass | 8:05pm |
| FC | Pass | 8:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:05pm |
| SRC | Pass | 8:05pm |
| DET | Pass | 8:05pm |
| BAR | Pass | 8:05pm |
| BT | Pass | 8:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | 1.00 |

AIR Pass 8:06pm

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| | | |
| PRNT | Pass | 8:06pm |

CRC Tests

| 'l'est | Status | 11.00 |
|--------|--------|--------|
| | | |
| COMP | Pass | 8:06pm |
| CAT. | Pass | 8:06pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County 1 | DAVIDSON Instrument Location BAT A | MOBILE UNIT 3 |
|--|--|---|
| Instrument Se | PAVIDSON Instrument Location BAT A Perial No. 008616 5007A | IMONT, DC |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are: | followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade; | h simulator thermometer show |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first. | date, or the alcoholic breath coholic Breath Simulator tests, |
| I certify that procedures w Department of | on the | rgoing preventive maintenance nt regulations of the N.C. |
| AND GREAT STATE OF THE STATE OF | | 648 |
| | Signature of Certifying Official | Certificate Number |

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Date: 07/07/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

| Test | g/210L | Time |
|----------|--|--------|
| DIAG | the state of the s | 8:26pm |
| AIR BLK | .00 | 8:27pm |
| ACCY CHK | | 8:28pm |
| AIR BLK | .00 | 8:28pm |
| SUB TEST | . 00 | 8:29pm |
| AIR BLK | .00 | mq0E:8 |
| SUB TEST | .00 | 8:32pm |
| AIR BLK | .00 | 8:33pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616

Test Record Number: 1417

Test Date: 07/07/2012

Test Time: 8:33pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:34pm |
| FLO | Pass | 8:34pm |
| FC | Pass | 8:34pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:34pm |
| SRC | Pass | 8:34pm |
| DET | Pass | 8:34pm |
| BAR | Pass | 8:34pm |
| BT | Pass | 8:34pm |
| | | |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 8:35pm | |
| ~~~~ | 1 (100 | | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 8:35pm |
| | CRC Tests | |
| Teat | Status | Time |

| Test | Status | Time |
|------|--------|--------|
| | | 147 5 |
| COMP | Pass | 8:35pm |
| CAL | Pass | 8:35pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | ALEXANDER | Instrument Location BA | ICKORY, NC |
|--|--|---|--|
| Instrument | Serial No. <u>008707</u> | <u> </u> | ICKORY, NC |
| The prevent | tive maintenance procedures for the Ins | ntoximeters, Model Intox EC/IR | II to be followed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | | c breath simulator thermometer show |
| 2. | Verify instrument displays time | e and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted | ; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 7. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 8. | Print test record; | | |
| . 9. | Verify Diagnostic Program; an | d | |
| 10. | Verify that the ethanol gas can simulator solution is being charwhichever occurs first. | ister is being changed before expinged every four months or after 1 | iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests |
| I certify that procedures Department | t on the day of day of were performed on the instrument inc t of Health and Human Services, and | SLY , 20 12 licated above, in accordance with the instrument is functioning pro | the forgoing preventive maintenance current regulations of the N.C. perly. |
| AND SIGNATURE OF STATES AND SI | Ullim F | ay Bunature of Certifying Official | Lo 48 Certificate Number |

ALEXANDER COUNTY BAT MOBILE UNIT 3 010

Serial Number: 008707 Test Date: 07/08/2012

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:18pm |
| AIR BLK | .00 | 3:19pm |
| ACCY CHK | 08 | 3:20pm |
| AIR BLK | .00 | 3:21pm |
| SUB TEST | .00 | 3:21pm |
| AIR BLK | 00 | 3:22pm |
| SUB TEST | .00 | 3:24pm |
| AIR BLK | .00 | 3:25pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY BAT MOBILE UNIT 3 010

Serial Number: 008707 Test Record Number: 1481 Test Date: 07/08/2012 Test Time: 3:25pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:26pm |
| FLO | Pass | 3:26pm |
| FC | Pass | 3:26pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:26pm |
| SRC | Pass | 3:26pm |
| DET | Pass | 3:26pm |
| BAR | Pass | 3:26pm |
| BT | Pass | 3:26pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:27pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 3:27pm |
| · | CRC Tests | i e |
| Test | Status | Time |
| COMP CAL | Pass Pass | 3:27pm 3:27pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE Instrument Location BAT MOBILE Low. T |
|--|--|
| Instrument Se | erial No. OOS 788 Releiber |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| . 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | on the |
| STATE IN STATE OF STA | S A COLUMN AND A C |
| TREE IS. IT. | Signature of Certifying Official Certificate Number |

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 650 Test Date: 07/06/2012 Test Time: 12:17am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:17am 12:17am |
| FC | Pass | 12:17am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:17am |
| SRC | Pass | 12:17am |
| DET | Pass | 12:17am |
| BAR | Pass | 12:17am |
| BT | Pass | 12:17am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:18am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:18am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:18am |

Preventive Maintenance Status: Pass

Pass

12:18am

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 07/06/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:09am |
| AIR BLK | .00 | 12:10am |
| ACCY CHK | .07 | 12:11am |
| AIR BLK | .00 | 12:11am |
| SUB TEST | .00 | 12:12am |
| AIR BLK | .00 | 12:13am |
| SUB TEST | .00 | 12:14am |
| AIR BLK | .00 | 12:15am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Comments

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Dun HAM Instrument Location BAT MOBILE Con, T |
|--|--|
| Instrument Se | rial No. <u>208600</u> DUAHAMI |
| The preventiv | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures w Department of | on the |
| CONTROL STATE | |

DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008600 Test Date: 07/07/2012

Test Record Number: 1027
Test Time: 10:32pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:33pm |
| FLO | Pass | 10:33pm |
| FC | Pass | 10:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:33pm |
| SRC | Pass | 10:33pm |
| DET | Pass | 10:33pm |
| BAR | Pass | 10:33pm |
| BT | Pass | 10:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:33pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:34pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:34pm |

10:34pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008600 Test Date: 07/07/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 9:44pm 9:45pm |
| ACCY CHK | .07 | 9:46pm |
| AIR BLK | .00 | 9:47pm |
| SUB TEST | .00 | 9:48pm |
| AIR BLK | .00 | 9:49pm |
| SUB TEST | .00 | 9:50pm |
| AIR BLK | .00 | 9:51pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celo Wo Gan

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| . 1 | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County | Non Instrument Location Union County SO. |
| Instrument Seria | 11 No. 008866 3344 Presson Rd., Monroe |
| | 704-283-3770 |
| The preventive four months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures were | the <u>34th</u> day of <u>30</u> , 20 <u>12</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly. |
| THE STATE OF NAME OF THE STATE OF NAME OF THE STATE OF NAME OF THE STATE OF THE STA | Signature of Certifying Official Certificate Number |

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 07/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125603 Exp Date: 09/13/2013

| Test | g/210L | Time |
|---|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 | 10:40am 10:41am 10:42am 10:43am 10:43am 10:44am |
| SUB TEST | .00 | 10:46am |
| AIR BLK | .00 | 10:47am |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 1286

Test Date: 07/24/2012

Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:51am |
| FLO | Pass | 10:51am |
| FC | Pass | 10:51am |

Temperature Tests

| Status | Time |
|--------------|------------------------------|
| Pass Pass | 10:51am 10:51am |
| Pass | 10:51am |
| Pass | 10:51am |
| Pass . | 10:51am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

AIR Pass 10:52am

Printer Tests

| Test | Status | Time | |
|------|--------|------|--|
| | | | |

PRNT Pass 10:52am

CRC Tests

Status Time Test

10:52am COMP Pass CAL Pass 10:52am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| INTOXIMETERS, MODEL INTOX EC/IR II | | | | |
|------------------------------------|--|--|--|--|
| | County Ga | ston | Instrument Location Gaston | Co. S.O. |
| | Instrument Seria | 1No. 008684 | 425 N. Mar: etta St 704-869-6800 | . Gastonia_ |
| | The preventive n | naintenance procedures for the Int | toximeters, Model Intox EC/IR II to be follo | owed at least once every |
| | 1. | Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg | lisplays pressure, or the alcoholic breath sin tree centigrade; | nulator thermometer shows |
| | 2. | Verify instrument displays time | and date; | |
| | 3. | Initiate breath test sequence; | | |
| | 4. | Enter information as prompted; | | : |
| | 5. | Verify instrument accuracy; | | |
| i e | 6. | When "PLEASE BLOW" appear | ars, collect breath sample; | |
| | 7. | When "PLEASE BLOW" appear | ars, collect breath sample; | |
| | 8. | Print test record; | | |
| | 9. | Verify Diagnostic Program; and | | |
| | 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | | |
| | | performed on the instrument indi | / , 20 / / , the forgoin cated above, in accordance with current regular instrument is functioning properly. | g preventive maintenance gulations of the N.C. |
| | THE STATE OF AN AND THE STATE OF AND THE STATE OF AN AND THE STATE | Mah Sign | ature of Certifying Official | 656 Certificate Number |
|).), | | orgin. | | |

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 07/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:29pm |
| AIR BLK | .00 | 4:30pm |
| ACCY CHK | .07 | 4:31pm |
| AIR BLK | .00 | 4:32pm |
| SUB TEST | .00 | 4:32pm |
| AIR BLK | .00 | 4:33pm |
| SUB TEST | .00 | 4:35pm |
| AIR BLK | .00 | 4:36pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684

Test Record Number: 2110

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:41pm |
| FLO | Pass | 4:41pm |
| FC | Pass | 4:41pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 4:41pm |
| | Pass Pass Pass Pass |

Blank Tests

AIR 4:42pm Pass

Printer Tests

Test Status Time

PRNT Pass 4:42pm

CRC Tests

Test Status Time

COMP 4:42pm Pass CALPass 4:42pm

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOAINETERS, NODEL INTOX EC/IR II |
|--|---|
| County | Stanly Instrument Location Stanly County SO |
| Instrument Ser | rial No. 008824 1265. 314 St. Albemarle |
| | 704-986-3734 |
| The preventive four months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that o procedures we Department of | on the 16 day of 30 day of 20 12 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE PROPERTY OF T | Model. Market Signature of Certifying Official Certificate Number |

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 07/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG109703

Exp Date: 04/07/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 10:38am 10:39am 10:39am |
| AIR BLK | .00 | 10:41am |
| SUB TEST AIR BLK | .00 .00 | 10:41am 10:42am |
| SUB TEST | .00 | 10:44am |
| AIR BLK | . 00 | 10:45am |

.00 g/210L Reported AC:

Chemical Analyst

Court CVR

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 726

Test Date: 07/16/2012

Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:49am |
| FLO | Pass | 10:49am |
| FC | Pass | 10:49am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:49am |
| SRC | Pass | 10:49am |
| DET | Pass | 10:49am |
| BAR | Pass | 10:49am |
| BT | Pass | 10:49am |

Blank Tests

| Test | Status | Time | |
|------|--------|------|--|
| | | | |

10:50am AIR Pass

Printer Tests

| Test | Status | Time | |
|------|--------|------|--|
| | | | |

10:50am PRNT Pass

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:50am |
| CAL | Pass | 10:50am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County <u>CA</u> | ARTERET Instrum | ent Location CARTER of | County |
|---|---|--|---|
| Instrument Seria | ial No. <u>OC 8605</u> 546 | RIFF'S OFFICE | 5 • |
| The preventive four months are | maintenance procedures for the Intoximeters, e: | Model Intox EC/IR II to be fol | llowed at least once every |
| 1. | Verify the ethanol gas canister displays pre 34 degrees, plus or minus .2 degree centigr | | imulator thermometer shows |
| 2. | Verify instrument displays time and date; | | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, collect | breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect | breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being simulator solution is being changed every twhichever occurs first. | | |
| I certify that on procedures were Department of I | theday ofday of | , 20 / the forgoi e, in accordance with current re nt is functioning properly. | ing preventive maintenance egulations of the N.C. |
| O'THE STATE OF VAN 20, 1775 | Ranel | E-Hall | 354 |
| | Signature of Ce | rtifying Official | Certificate Number |

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 07/02/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:14pm |
| AIR BLK | .00 | 2:14pm |
| ACCY CHK | .08 | 2:15pm |
| AIR BLK | .00 | 2:16pm |
| SUB TEST | .00 | 2:16pm |
| AIR BLK | .00 | 2:17pm |
| SUB TEST | .00 | 2:19pm |
| AIR BLK | .00 | 2:20pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karly E-Half
Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605

Test Record Number: 2587

Test Date: 07/02/2012

Test Time: 2:20pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:21pm |
| FLO | Pass | 2:21pm |
| FC | Pass | 2:21pm |

Temperature Tests

| n |
|--------|
| n |
| n |
| n |
| n |
| ו נ |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:22pm |

2:22pm

Printer Tests

| Test | Status | Time |
|------|--------|------|
| Test | Status | Time |

| PRNT | Pass | 2:22pm |
|------|------|--------|
|------|------|--------|

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:22pm |
| CAL | Pass | 2:22pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| CountyC | abarrus Instrument Location Cabarrus County 50 |
| Instrument Ser | ial No. 008792 30 Corban Avenue, Concord |
| | 704-920-3000 |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | the <u>254h</u> day of <u>344y</u> , 20 <u>12</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| STATE OF THE STATE | |
| | Signature of Certifying Official Certificate Number |

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 07/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201801 Exp Date: 01/18/2014

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 3:56pm 3:57pm |
| ACCY CHK | .08 | 3:58pm |
| AIR BLK | .00 | 3:59pm |
| SUB TEST | .00 | 4:00pm |
| AIR BLK | .00 | 4:01pm |
| SUB TEST | .00 | 4:03pm |
| AIR BLK | .00 | 4:04pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792

Test Record Number: 740

Test Date: 07/25/2012

Test Time: 4:06pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| • | | |
| IR | Pass | 4:07pm |
| FLO | Pass | 4:07pm |
| FC | Pass | 4:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:07pm |
| SRC | Pass | 4:07pm |
| DET | Pass | 4:07pm |
| BAR | Pass | 4:07pm |
| BT | Pass | 4:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:08pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:08pm |
| | CRC Tests | |
| Test | Status | Time |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:08pm |
| CAL | Pass | 4:08pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| Ž. | County Ca | barrus Instrument Location Caharry's County SD | |
|----|--|---|-----|
| | Instrument Serie | ai No. 008625 30 Corban Ave, Concord | |
| | | 704-920-3000 | |
| | The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever | y |
| | 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade; | ows |
| | 2. | Verify instrument displays time and date; | |
| | .3. | Initiate breath test sequence; | |
| | 4. | Enter information as prompted; | |
| | 5. | Verify instrument accuracy; | |
| | 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| | 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| | 8. | Print test record; | ٠. |
| | 9. | Verify Diagnostic Program; and | |
| | 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. | ts, |
| | procedures were | the 35 H day of July , 20 12 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. | ıce |
| | OF THE STATE OF TH | Signature of Certifying Official Certificate Number | _ |

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 07/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:51pm |
| AIR BLK | .00 | 3:52pm |
| ACCY CHK | .07 | 3:53pm |
| AIR BLK | .00 | 3:53pm |
| SUB TEST | .00 | 3:55pm |
| AIR BLK | .00 | 3:56pm |
| SUB TEST | .00 | 3:58pm |
| AIR BLK | .00 | 3:59pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625

Test Record Number: 2981

Test Date: 07/25/2012

Test Time: 4:01pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:02pm |
| FLO | Pass | 4:02pm |
| FC | Pass | 4:02pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:02pm |
| SRC | Pass | 4:02pm |
| DET | Pass | 4:02pm |
| BAR | Pass | 4:02pm |
| BT | Pass | 4:02pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:03pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 4:03pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 4:03pm 4:03pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| 100 | |
|--|--|
| County Mec | Klenburg Instrument Location Mathews PD |
| Instrument Seria | 1No. 008699 1201 Crews Rd, Mathews (704) 847-4069 |
| The preventive n | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. \(\frac{t}{t}\) | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5 . | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the 1844 day of 144 day of 144 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly. |
| STATE OF A | Sells of the sells |
| The same of the sa | NOWANA CONTACTOR (O) Q |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 07/18/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201801 Exp Date: 01/18/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:07pm |
| AIR BLK | .00 | 3:08pm |
| ACCY CHK | .08 | 3:09pm |
| AIR BLK | .00 | 3:10pm |
| SUB TEST | .00 | 3:10pm |
| AIR BLK | .00 | 3:11pm |
| SUB TEST | .00 | 3:13pm |
| AIR BLK | .00 | 3:14pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Record Number: 1801

Test Date: 07/18/2012

Test Time: 3:03pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:04pm |
| FLO | Pass | 3:04pm |
| FC | Pass | 3:04pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass | 3:04pm 3:04pm 3:04pm 3:04pm 3:04pm |
| | = | <u> </u> |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| ATR | Pass | 3:05pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:05pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

3:05pm

3:05pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Cla | eveland | Instrument Location C | leveland | County SD - Anni |
|--|--|------------------------------|-----------------------------|-----------------------------|
| Instrument Seria | al No. <u>008887</u> | 407 McBraye | | Shelby |
| The preventive four months are | maintenance procedures for the I | ntoximeters, Model Intox EC | /IR II to be foll | owed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | | pholic breath sir | nulator thermometer shows |
| 2. | Verify instrument displays time | e and date; | • • | |
| ∮ 3. | Initiate breath test sequence; | | MG Mgg | |
| 4. | Enter information as prompted | | | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" app | ears, collect breath sample; | | |
| · 7. | When "PLEASE BLOW" app | ears, collect breath sample; | | |
| 8. | Print test record; | | 12 | |
| 9. | Verify Diagnostic Program; an | d | * | |
| I certify that on procedures were Department of I | Verify that the ethanol gas can simulator solution is being cha whichever occurs first. the | nged every four months or af | the forgoir with current re | lic Breath Simulator tests, |
| • | | | 3.0 | |
| OT MAN 22, 1725 AND 22, 1725 | SELECTION OF THE PROPERTY OF T | and for form | | 1.5T) |
| The second secon | Me Mi. | etune of Continuing Official | <u> </u> | Contificate Number |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Date: 07/03/2012

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG109703 Exp Date: 04/07/2013

~/21AI

THIMA

| 9/2101 | TIME |
|--------|----------------------------------|
| Pass | 2:27pm |
| .00 | 2:28pm |
| .07 | 2:29pm |
| .00 | 2:29pm |
| .00 | 2:30pm |
| .00 | 2:31pm |
| .00 | 2:32pm |
| .00 | 2:33pm |
| | Pass .00 .07 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887

Test Record Number: 1144

Test Date: 07/03/2012

Test Time: 2:34pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:35pm |
| FLO | Pass | 2:35pm |
| FC | Pass | 2:35pm |

Temperature Tests

| Test | Status | Time |
|----------------|--------------|------------------|
| FC1 SRC | Pass Pass | 2:35pm 2:35pm |
| \mathtt{DET} | Pass | 2:35pm |
| BAR | Pass | 2:35pm |
| \mathtt{BT} | Pass | 2:35pm |

Blank Tests

| Test | Status | Time | |
|------|--------|--------|--|
| AIR | Pass | 2:35pm | |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:36pm |
| CAL | Pass | 2:36pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|---|
| County Cleve | land Instrument Location Cleveland County 5D |
| Instrument Serial No. | 008893 100 Justice Place, Shelby |
| | 704-484-4888 |
| The preventive mainte | enance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| | ify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows degrees, plus or minus .2 degree centigrade; |
| 2. Ver | ify instrument displays time and date; |
| 3. Init | iate breath test sequence; |
| 4. Ent | er information as prompted; |
| 5. Ver | ify instrument accuracy; |
| 6. Wh | en "PLEASE BLOW" appears, collect breath sample; |
| 7. Wh | en "PLEASE BLOW" appears, collect breath sample; |
| 8. Prin | nt test record; |
| 9. Ver | rify Diagnostic Program; and |
| sim | ify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath ulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, chever occurs first. |
| procedures were perfe | 3rd day of July , 20 12 the forgoing preventive maintenance ormed on the instrument indicated above, in accordance with current regulations of the N.C. and Human Services, and the instrument is functioning properly. |
| A SEE GOTAM ARMY A SEE CANADAM A SEE CONTRACTOR A SEC CON | Jagh E. Hult 650 Signature of Certifying Official Certificate Number |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Date: 07/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|---------------------|------------|------------------|
| DIAG AIR BLK | Pass | 2:03pm 2:04pm |
| ACCY CHK AIR BLK | .08 .00 | 2:04pm 2:05pm |
| SUB TEST | .00 | 2:06pm |
| AIR BLK | .00 | 2:07pm |
| SUB TEST | .00 | 2:08pm |
| ATR BLK | .00 | 2:09pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893

Test Record Number: 1012

Test Date: 07/03/2012

Test Time: 2:10pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| -IR | Pass | 2:10pm- |
| FLO | Pass | 2:10pm |
| FC | Pass | 2:11pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 2:11pm 2:11pm 2:11pm 2:11pm 2:11pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

AIR Pass 2:11pm

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:11pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:12pm |
| CAL | Pass | 2:12pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETE | KS, MUDEL | INTOX EC/ | IK II | | |
|---|--|-------------------------------|--|--|------------------------------|---|
| County U | nion | Instrument Loca | tion Waxh | aw Pi | D | |
| Instrument Ser | ial No. <u>008598</u> | | South M 843-035 | | reet, l | <u>Naxh</u> aw |
| The preventive four months ar | e maintenance procedures for the le: | Intoximeters, Model I | ntox EC/IR II to b | ne followed a | it least once | e every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | | the alcoholic brea | ath simulatoi | thermome | ter shows |
| 2. | Verify instrument displays tim | e and date; | | | | |
| 3. | Initiate breath test sequence; | · | | | | |
| 4. | Enter information as prompted | 1; | | | | waste fire |
| 5. | Verify instrument accuracy; | | | | • | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| 6. | When "PLEASE BLOW" app | pears, collect breath s | ample; | • | | . S. |
| 7. | When "PLEASE BLOW" app | pears, collect breath s | ample; | • | | |
| 8. | Print test record; | | | | | |
| 9. | Verify Diagnostic Program; as | nd | | | J | |
| procedures we | Verify that the ethanol gas car simulator solution is being character whichever occurs first. In the 2nd day of day of Health and Human Services, and | anged every four mon | ths or after 125 A , 20 12 the foordance with curre | lcoholic Bre orgoing prevent regulation | ath Simula entive mair | tor tests, |
| TO THE STATE OF THE COLETA TO | Joseph E. Sig | Hulch nature of Certifying | Official | (c Cert | ,5 () ificate Nun | n be r |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 07/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------|-------------|--------------------|
| DIAG AIR BLK | Pass .00 | 01:02pm 01:03pm |
| ACCY CHK | .07 | 01:03pm |
| AIR BLK | .00 | 01:04pm |
| SUB TEST | .00 | 01:05pm |
| AIR BLK | .00 | 01:06pm |
| SUB TEST | .00 | 01:08pm |
| ATD DIV | 0.0 | 01.08pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 374
Test Date: 07/02/2012 Test Time: 01:09pm

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 01:10pm |
| FLO | Pass | 01:10pm |
| FC | Pass | 01:10pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 01:10pm |
| SRC | Pass | 01:10pm |
| DET | Pass | 01:10pm |
| BAR | Pass | 01:10pm |
| BT | Pass | 01:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 01:11pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 01:11pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 01:11pm 01:11pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

| | INTOAIMETERS, MODEL INTOA EC/IR II |
|--|--|
| County de | ANCRY Co. Instrument Location BAT Mbbile Mit 4 |
| Instrument S | |
| | |
| The prevention four months | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w | on the |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

YANCEY COUNTY BAT MOBILE UNIT 4 990

Serial Number: 008871 Test Date: 07/15/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:21pm |
| AIR BLK | .00 | 3:22pm |
| ACCY CHK | .07 | 3:23pm |
| AIR BLK | .00 | 3:23pm |
| SUB TEST | .00 | 3:24pm |
| AIR BLK | .00 | 3:25pm |
| SUB TEST | .00 | 3:26pm |
| ATR BLK | . 00 | 3:2700 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YANCEY COUNTY BAT MOBILE UNIT 4 990

Serial Number: 008871

Test Record Number: 520

Test Date: 07/15/2012

Test Time: 3:28pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Ti.me |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 3:29pm 3:29pm |
| FC FC | Pass | 3:29pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:29pm |
| SRC | Pass | 3:29pm |
| DET | Pass | 3:29pm |
| BAR | Pass | 3:29pm |
| BT | Pass | 3:29pm |
| | | |

Blank Tests

| Test | Status | Ti.me |
|------|--------|-------------|
| λTD | Dagg | 2 • 2 9 rvm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:30pm |
| CAL | Pass | mq08:8 |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Yarkey (8 Instrument Location BAT Makeile Un. 74 |
|---|--|
| Instrumen | nt Serial No. 658734 |
| The preve | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedure | nat on the |
| COREAL SECTION OF THE | TATE O TO T |
| | Signature of Certifying Official Certificate Number |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

YANCEY COUNTY BAT MOBILE UNIT 4 990

Serial Number: 008734 Test Date: 07/15/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302

Exp Date: 09/06/2013

| Test | g/210L | Time |
|-----------------------------|-------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 | 3:18pm 3:19pm 3:19pm |
| AIR BLK | .00 | 3:20pm |
| SUB TEST | .00 | 3:21pm |
| AIR BLK | .00 | 3:22pm |
| SUB TEST | .00 | 3:24pm |
| AIR BLK | .00 | 3:24pm |

Court CVR

YANCEY COUNTY BAT MOBILE UNIT 4 990

Serial Number: 008734 Test Date: 07/15/2012 Test Record Number: 561
Test Time: 3:25pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:26pm |
| FLO | Pass | 3:26pm |
| FC | Pass | 3:26pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 3:26pm |
| SRC | Pass | 3:26pm |
| DET | Pass | 3:26pm |
| BAR | Pass | 3:26pm |
| \mathtt{BT} | Pass | 3:26pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:26pm |

Printer Tests

| rest | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:27pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:27pm |
| CAL | Pass | 3:27pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | itchell Instrument Location BAT Mobile Unit |
|--|--|
| Instrument Seri | al No. <u>008734</u> |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the |
| CITYLE STATE OF THE STATE OF TH | |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

MITCHELL COUNTY BAT MOBILE UNIT 4 600

Serial Number: 008734 Test Date: 07/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:34pm |
| AIR BLK | .00 | 8:35pm |
| ACCY CHK | .07 | 8:35pm |
| AIR BLK | .00 | 8:36pm |
| SUB TEST | .00 | 8:37pm |
| AIR BLK | .00 | 8:37pm |
| SUB TEST | .00 | 8:39pm |
| AIR BLK | .00 | 8:40pm |

Reported AC: .00 g/21

signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

MITCHELL COUNTY BAT MOBILE UNIT 4 600

Serial Number: 008734

Test Record Number: 559

Test Date: 07/14/2012

Test Time: 8:42pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 8:42pm 8:42pm |
| FC | Pass | 8:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:42pm |
| SRC | Pass | 8:42pm |
| DET | Pass | 8:42pm |
| BAR | Pass | 8:42pm |
| BT | Pass | 8:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:43pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:43pm |

CRC Tests

| rest | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:43pm |
| CAL | Pass | 8:43pm |

Preventive Maintenance Status: Pass

Añalvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County /// | Hebell Co Instrument Location BAT Mobile Unit 4 |
|--|--|
| Instrument S | erial No. 2088// |
| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the |
| THE STATION OF THE CONTROL OF THE CO | CARO. |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

MITCHELL COUNTY BAT MOBILE UNIT 4 600

Serial Number: 008871 Test Date: 07/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:30pm |
| AIR BLK | .00 | 8:31pm |
| ACCY CHK | .07 | 8:32pm |
| AIR BLK | .00 | 8:33pm |
| SUB TEST | .00 | 8:34pm |
| AIR BLK | .00 | 8:35pm |
| SUB TEST | .00 | 8:36pm |
| AIR BLK | .00 | 8:37pm |

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

MITCHELL COUNTY BAT MOBILE UNIT 4 600

Serial Number: 008871

Test Record Number: 518

Test Date: 07/14/2012

Test Time: 8:38pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|-----------------|
| IR | Pass | 8:3 8 pm |
| FLO | Pass | 8:38pm |
| FC | Pass | 8:39pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:39pm |
| SRC | Pass | 8:39pm |
| DET | Pass | 8:39pm |
| BAR | Pass | 8:39pm |
| BT | Pass | 8:39pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:39pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:39pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:40pm |
| CAL | Pass | 8:40pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Atango Co Instrument Location BAT Mobile UN, 74 |
|---|--|
| Instrument Se | rial No. 00 887 / |
| The preventive four months a | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
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| STATE CORE AT THE STATE OF THE | |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008871 Test Date: 07/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTNANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test | g/210L | T'ime |
|----------|--------|---------|
| DIAG | Pass | 10:11pm |
| AIR BLK | .00 | 10:12pm |
| ACCY CHK | .07 | 10:13pm |
| AIR BLK | .00 | 10:14pm |
| SUB TEST | .00 | 10:15pm |
| AIR BLK | .00 | 10:15pm |
| SUB TEST | .00 | 10:17pm |
| AIR BLK | .00 | 10:18pm |

Reported AC: .00 g

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008871 Test Date: 07/13/2012 Test Record Number: 515 Test Time: 10:19pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:19pm 10:19pm |
| FC | Pass | 10:19pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 10:19pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:20pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:20pm |
| | CRC Tests | |
| Test | Status | T'i.me |
| COMP | Pass | 10:20pm |

Preventive Maintenance Status: Pass

10:20pm

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County /// | rial No. 008734 Instrument Location BAT Mobile UN: +4 |
|---|--|
| The preventiv | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the |
| STATE ON SOLUTION OF THE STATE | |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008734 Test Date: 07/13/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

| Test | g/210L | Time |
|--|---------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .07 .00 | 10:13pm 10:14pm 10:14pm 10:15pm 10:16pm |
| AIR BLK | .00 | 10:17pm |
| SUB TEST | .00 | 10:18pm |
| AIR BLK | .00 | 10:19pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008734

Test Record Number: 557
Test Time: 10:20pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:20pm 10:20pm |
| FC | Pass | 10:20pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:21pm |
| SRC | Pass | 10:21pm |
| DET | Pass | 10:21pm |
| BAR | Pass | 10:21pm |
| BT | Pass | 10:21pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:21pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:21pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:21pm |
| CAL | Pass | 10:21pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location \\ The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 20 12 the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 07/19/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:51pm |
| AIR BLK | .00 | 1:52pm |
| ACCY CHK | .08 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| SUB TEST | .00 | 1:54pm |
| AIR BLK | .00 | 1:55pm |
| SUB TEST | .00 | 1:56pm |
| ATR RIK | 0.0 | 1.57pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 2216

Test Date: 07/19/2012

Test Time: 1:58pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:59pm |
| FLO | Pass | 1:59pm |
| FC | Pass | 1:59pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------------|------------------|
| FC1 | Pass | 1:59pm |
| SRC DET | Pass Pass | 1:59pm 1:59pm |
| BAR | Pass | 1:59pm |
| \mathtt{BT} | Pass | 1:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| ATR | Pass | 2:00pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:00pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 2:00pm |

2:00pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| i | 1 INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County | NAME Instrument Location Wayne Co. Detuntion |
| Instrument Se | rial No. DD81649 2-7 E. Chestnut St., Goldsbar |
| The preventive four months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | n the |
| STATE OF THE STATE | |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 07/19/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

| Test | g/210L | Time |
|---|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .08 .00 .00 .00 | 1:54pm 1:55pm 1:55pm 1:57pm 1:57pm 1:58pm 2:00pm |
| AIR BLK | .00 | 2:00pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION

Serial Number: 008649

Test Record Number: 2164

Test Date: 07/19/2012

Test Time: 2:03pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:03pm |
| FLO | Pass | 2:03pm |
| FC | Pass | 2:03pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 2:03pm |
| SRC | Pass | 2:03pm |
| DET | Pass | 2:03pm |
| BAR | Pass | 2:03pm |
| \mathtt{BT} | Pass | 2:03pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:04pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:04pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 2:04pm |

2:04pm

Preventive Maintenance Status: Pass

Pass .

CAL

| | PREVENTIVE MAINTENANCE RECORD | · |
|------------------------------|---|---------------|
| Ω | INTOXIMETERS, MODEL INTOX EC/IR II | . (1) |
| County \ | Instrument Location & PSA DAME CO. YWE | V Thety |
| Instrument Se | Serial No. 008950 Bldg., 200 E. Colonial 51. (5) | crosself Ciny |
| The preventive four months a | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever as are: | ery |
| 1, | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer saddlegrees, plus or minus .2 degree centigrade; | shows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | i |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator t whichever occurs first. | |
| | at on theday of, 20 the forgoing preventive mainten were performed on the instrument indicated above, in accordance with current regulations of the N.C. It of Health and Human Services, and the instrument is functioning properly. | ance |



Finely A. Rees Continued Signature of Certifying Official

Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008950 Test Date: 07/05/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG120101 Exp Date: 07/20/2013

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 2:26pm 2:27pm |
| ACCY CHK | .08 | 2:27pm |
| AIR BLK | .00 | 2:28pm |
| SUB TEST | .00 | 2:29pm |
| AIR BLK | .00 | 2:30pm |
| SUB TEST | .00 | 2:31pm |
| AIR BLK | .00 | 2:32pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 07/05/2012 Test Record Number: 724
Test Time: 2:33pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:34pm |
| FLO | Pass | 2:34pm |
| FC | Pass | 2:34pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:34pm |
| SRC | Pass | 2:34pm |
| DET | Pass | 2:34pm |
| BAR | Pass | 2:34pm |
| BT | Pass | 2:34pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:34pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:34pm |
| | CRC Tests | |
| Test | Status | Time |

Preventive Maintenance Status: Pass

Pass

Pass

2:35pm 2:35pm

COMP

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| U | " INTOXIMETERS, MODEL INTOX EC/IX II |
|--|--|
| County | The Instrument Location be (xil to . 5.0. |
| Instrument Se | erial No. DD4607 104 Dundec ST., Windsor, N |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the |
| STATE STATE OF THE | S TO STATE CARD |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Númber

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 07/05/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

| Test | g/210L | Time |
|-----------------------------|--------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 12:40pm 12:41pm 12:42pm |
| AIR BLK | .00 | 12:43pm |
| SUB TEST | .00 | 12:43pm |
| AIR BLK | .00 | 12:44pm |
| SUB TEST | .00 | 12:46pm |
| AIR BLK | .00 | 12:47pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

Anaiyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 07/05/2012

Test Record Number: 671 Test Time: 12:48pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:48pm 12:48pm |
| FC | Pass | 12:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:49pm |
| SRC | Pass | 12:49pm |
| DET | Pass | 12:49pm |
| BAR | Pass | 12:49pm |
| BT | Pass | 12:49pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:49pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:49pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

Pass Preventive Maintenance Status: Pass

Pass

12:49pm

12:49pm

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Númber

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 07/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test $\sigma/2101$. Time

| iest | 9/2101 | TIME |
|----------|--------|--------|
| DIAG | Pass | 6:03pm |
| AIR BLK | .00 | 6:04pm |
| ACCY CHK | .07 | 6:05pm |
| AIR BLK | .00 | 6:06pm |
| SUB TEST | .00 | 6:07pm |
| AIR BLK | .00 | 6:08pm |
| SUB TEST | .00 | 6:09pm |
| AIR BLK | .00 | 6:10pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 07/03/2012

Test Record Number: 2194
Test Time: 6:12pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 6:12pm 6:12pm |
| FC | Pass | 6:12pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:12pm |
| SRC | Pass | 6:12pm |
| DET | Pass | 6:12pm |
| BAR | Pass | 6:12pm |
| BT | Pass | 6:12pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:13pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 6:13pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 6:13pm 6:13pm |

Preventive Maintenance Status: Pass

Analyst

| PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTQX EC/IR II | | |
|--|--|--|
| County_ | instrument Location Wayne Co. Dekending | |
| Instrument S | erial No. DD4951 201E. Chestnut St., GoldSbor | |
| The prevention four months a | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | |
| I certify that of procedures we Department of | on the | |
| STATE WE WE STATE WE STATE WE STATE WE WE STATE WE STATE WE WE STATE WE | STOCKE CAROLINATION OF THE PROPERTY OF THE PRO | |

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008851 Test Date: 07/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:04pm |
| AIR BLK | .00 | 6:05pm |
| ACCY CHK | .07 | 6:05pm |
| AIR BLK | .00 | 6:06pm |
| SUB TEST | .00 | 6:07pm |
| AIR BLK | .00 | 6:08pm |
| SUB TEST | .00 | 6:10pm |
| AIR BLK | .00 | 6:11pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008851

Test Record Number: 433

Test Date: 07/03/2012

Test Time: 6:12pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:12pm |
| FLO | Pass | 6:12pm |
| FC | Pass | 6:12pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:12pm |
| SRC | Pass | 6:12pm |
| DET | Pass | 6:12pm |
| BAR | Pass | 6:12pm |
| BT | Pass | 6:12pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| | | £ 12 |
| AIR | Pass | 6:13pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 6:13pm |
| | CPC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:13pm |
| CAL | Pass | 6:13pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Bu | Instrument Location Morganton DPS |
|--|--|
| Instrument Seria | Instrument Location Morganton DPS al No. 008831 Marganton, NC |
| The preventive i | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of H | the <u>24</u> day of <u>Joly</u> , 20/2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF A STATE O | Signature of Certifying Official Certificate Number |

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 07/24/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2011-06/01/2013

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

| Test | g/210L | Time |
|--|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 .00 | 4:04pm 4:05pm 4:06pm 4:07pm 4:07pm 4:08pm |
| SUB TEST | .00 | 4:09pm |
| AIR BLK | .00 | 4:10pm |
| | | T- III |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Record Number: 1206 Test Date: 07/24/2012 Test Time: 4:11pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------------|--------------|------------------|
| IR FLO FC | Pass Pass | 4:11pm 4:11pm |
| ГU | Pass | 4:11pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 4:11pm |
| SRC | Pass | 4:11pm |
| DET | Pass | 4:11pm |
| BAR | Pass | 4:11pm |
| \mathtt{BT} | Pass | 4:11pm |
| | | |

Blank Tests

| rest | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:12pm |

Printer Tests

| · | Blatus | 111116 |
|------|--------|--------|
| PRNT | Pass | 4:12pm |
| | | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:12pm |
| CAL | Pass | 4:12pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| 0 | | sko, model in oa leak | |
|--|---|--|--|
| County 5 | vrke | Instrument Location Morgen ton | , DPS |
| Instrument S | erial No. <u>00 8904</u> | Instrument Location Morgan ton Morgan ton | NC. |
| The preventi four months | | Intoximeters, Model Intox EC/IR II to be for | bllowed at least once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d | r displays pressure, or the alcoholic breath s legree centigrade; | simulator thermometer shows |
| 2. | Verify instrument displays tin | ne and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompte | d; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; a | nd | |
| 10. | | nister is being changed before expiration da anged every four months or after 125 Alcoh | |
| | | the forgondicated above, in accordance with current rather instrument is functioning properly. | oing preventive maintenance egulations of the N.C. |
| THE STATE OF THE S | CAROLI | gnature of Certifying Official | 649 Certificate Number |

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 07/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 3:59pm 4:00pm |
| ACCY CHK | .07 | 4:00pm |
| AIR BLK | .00 | 4:01pm |
| SUB TEST | .00 | 4:03pm |
| AIR BLK | .00 | 4:03pm |
| SUB TEST | .00 | 4:05pm |
| AIR BLK | .00 | 4:06pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904

Test Record Number: 908
Test Time: 4:07pm EDT

Test Date: 07/24/2012 Test

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:07pm |
| FLO | Pass | 4:07pm |
| FC | Pass | 4:07pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 4:07pm |
| SRC | Pass | 4:07pm |
| DET | Pass | 4:07pm |
| BAR | Pass | 4:07pm |
| \mathtt{BT} | Pass | 4:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:08pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:08pm |
| | CRC Tests | |

| TCSC | Scacus | TIME |
|------|--------|--------|
| COMP | Pass | 4:08pm |
| CAL | Pass | 4:08pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Mad | Instrument Location Mars HIII PD |
|--|--|
| Instrument Seria | INO. 00 8582 Mais Hill, NC |
| The preventive n four months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on to procedures were Department of H | the day of Joly, 20 12 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. (ealth and Human Services, and the instrument is functioning properly. |
| OTHE STATE ON THE STATE OF NOTICE AND THE STATE OF NOT | Signature of Certifying Official Certificate Number |

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 07/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202

Exp Date: 03/23/2013

| Test | g/210L | Time |
|---|---|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 .00 | 3:46pm 3:48pm 3:48pm 3:49pm 3:50pm 3:52pm 3:53pm |
| | | _ |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582

Test Record Number: 891

Test Date: 07/16/2012

Test Time: 3:54pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:54pm |
| FLO | Pass | 3:54pm |
| FC | Pass | 3:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:55pm |
| SRC | Pass | 3:55pm |
| DET | Pass | 3:55pm |
| BAR | Pass | 3:55pm |
| BT | Pass | 3:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:55pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:55pm |
| | CRC Tests | |
| Test | Status | Time |

| rest | Status | TIME |
|------|--------|--------|
| COMP | Pass | 3:56pm |
| CAL | Pass | 3:56pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Mo | adison Instrument Location Madison Co. Jail |
|--|--|
| Instrument Seri | ial No. 008599 Marshall, NC |
| | |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the |
| THE STATE OF THE S | Signature of Gertifying Official Certificate Number |

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 07/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124202 Exp Date: 08/30/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:58pm |
| AIR BLK | .00 | 2:59pm |
| ACCY CHK | .08 | 3:00pm |
| AIR BLK | .00 | 3:01pm |
| SUB TEST | .00 | 3:01pm |
| AIR BLK | .00 | 3:02pm |
| SUB TEST | .00 | 3:04pm |
| AIR BLK | .00 | 3:05pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 390 Test Date: 07/16/2012 Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:05pm |
| FLO | Pass | 3:05pm |
| FC | Pass | 3:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:06pm |
| SRC | Pass | 3:06pm |
| DET | Pass | 3:06pm |
| BAR | Pass | 3:06pm |
| BT | Pass | 3:06pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:06pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:06pm |

CRC Tests

| COMP Pass | [|
|-----------|----------|
| | <u>-</u> |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County He | nderson Instrument Location Henderson Co. Detention |
|---|--|
| Instrument Ser | rial No. 008806 Instrument Location Henderson Co. Detention Henderson Ville, NC |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | n the |
| OF THE STATE OF THE OF | 100 September 1990 Se |
| • | Signature of Certifying Official Certificate Number |

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 07/26/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:43pm |
| AIR BLK | .00 | 1:44pm |
| ACCY CHK | .07 | 1:45pm |
| AIR BLK | .00 | 1:46pm |
| SUB TEST | .00 | 1:46pm |
| AIR BLK | .00 | 1:47pm |
| SUB TEST | .00 | 1:50pm |
| AIR BLK | .00 | 1:51pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 07/26/2012 Test Record Number: 1109
Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:52pm 1:52pm |
| FC | Pass | 1:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 1:53pm |
| SRC | Pass | 1:53pm |
| DET | Pass | 1:53pm |
| B.AR | Pass | 1::53pm |
| BT | Pass | 1:53pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 1:53jom |

Printer Tests

| rest | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:53pm |
| | CDC Monto | |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:53pm |
| CAL | Pass | 1:53pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County He | Instrument Location Henderson Co. Detention |
|--|--|
| Instrument S | erial No. 008822 Instrument Location Henderson Co. Detention Henderson Ville |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w | on the |
| ONE STATION OF THE PROPERTY OF | Signature of Certifying Official Certificate Number |

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 07/26/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2011-06/01/2013

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG200401 Exp Date: 01/04/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:45pm |
| AIR BLK | .00 | 1:46pm |
| ACCY CHK | .07 | 1:46pm |
| AIR BLK | .00 | 1:47pm |
| SUB TEST | .00 | 1:50pm |
| AIR BLK | .00 | 1:51pm |
| SUB TEST | .00 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 1286 Test Date: 07/26/2012 Test Time: 1:54pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:55pm |
| FLO | Pass | 1:55pm |
| FC | Pass | 1:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:55pm |
| SRC | Pass | 1:55pm |
| DET | Pass | 1:55pm |
| BAR | Pass | 1:55pm |
| BT | Pass | 1:55pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:55pm |

Printer Tests

| rest | Status | TTRIE |
|------|-----------|--------|
| PRNT | Pass | 1:55pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 1:56pm |
|------|------|--------|
| CAL | Pass | 1:56pm |

Preventive Maintenance Status: Pass

Analyst